

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

ADDRESS (number and street)

P.O. Box 2291

Check if different  
than previously  
reported. (ACC)

Durham

NC

27702

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00312223

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)July 15  
Quarterly Report (Q2)October 15  
Quarterly Report (Q3)January 31  
Year-End Report (YE)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Millican, Kathryn, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Millican, Kathryn, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		<span style="border: 1px solid black; padding: 2px;">163821.49</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">128740.65</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">35054.49</span>	<span style="border: 1px solid black; padding: 2px;">106923.65</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">163795.14</span>	<span style="border: 1px solid black; padding: 2px;">270745.14</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">86759.49</span>	<span style="border: 1px solid black; padding: 2px;">193709.49</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">77035.65</span>	<span style="border: 1px solid black; padding: 2px;">77035.65</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	32576.05	88633.73
(ii) Unitemized .....	2478.44	18289.92
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	35054.49	106923.65
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	35054.49	106923.65
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	35054.49	106923.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	35054.49	106923.65

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	8000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	86759.49	185709.49
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	86759.49	193709.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	86759.49	193709.49

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	35054.49	106923.65
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	35054.49	106923.65
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 156

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Abernathy, Jorgenia, , H,**

Mailing Address 108 Hoteling Ct

City  
Chapel Hill

State  
NC

Zip Code  
27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1938.58

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

**Transaction ID : SA11Al.116743**

Amount of Each Receipt this Period

138.47

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Abernathy, Jorgenia, , H,**

Mailing Address 108 Hoteling Ct

City  
Chapel Hill

State  
NC

Zip Code  
27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2077.05

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2016

**Transaction ID : SA11Al.116846**

Amount of Each Receipt this Period

138.47

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Abernathy, Jorgenia, , H,**

Mailing Address 108 Hoteling Ct

City  
Chapel Hill

State  
NC

Zip Code  
27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2215.52

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

**Transaction ID : SA11Al.116949**

Amount of Each Receipt this Period

138.47

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

415.41

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Abernathy, Jorgenia, , H,**

Mailing Address 108 Hoteling Ct

City  
Chapel Hill

State  
NC

Zip Code  
27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2353.99

Date of Receipt

08 / 19 / 2016

Transaction ID : SA11Al.117055

Amount of Each Receipt this Period

138.47

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Abernathy, Jorgenia, , H,**

Mailing Address 108 Hoteling Ct

City  
Chapel Hill

State  
NC

Zip Code  
27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2492.46

Date of Receipt

09 / 02 / 2016

Transaction ID : SA11Al.117160

Amount of Each Receipt this Period

138.47

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Abernathy, Jorgenia, , H,**

Mailing Address 108 Hoteling Ct

City  
Chapel Hill

State  
NC

Zip Code  
27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2630.93

Date of Receipt

09 / 16 / 2016

Transaction ID : SA11Al.117268

Amount of Each Receipt this Period

138.47

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

415.41

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Abernathy, Jorgenia, , H,**

Mailing Address 108 Hoteling Ct

City  
Chapel Hill

State  
NC

Zip Code  
27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2769.40

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2016

Transaction ID : SA11AI.117375

Amount of Each Receipt this Period

138.47

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Atherton, Daniel, , ,**

Mailing Address 8800 Hatton Court

City  
Charlotte

State  
NC

Zip Code  
28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Regional Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1281.34

Date of Receipt

MM / DD / YYYY  
07 / 06 / 2016

Transaction ID : SA11AI.116747

Amount of Each Receipt this Period

92.76

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Atherton, Daniel, , ,**

Mailing Address 8800 Hatton Court

City  
Charlotte

State  
NC

Zip Code  
28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Regional Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1374.10

Date of Receipt

MM / DD / YYYY  
07 / 22 / 2016

Transaction ID : SA11AI.116850

Amount of Each Receipt this Period

92.76

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

323.99



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Atherton, Daniel, , ,

Mailing Address 8800 Hatton Court

City  
Charlotte

State  
NC

Zip Code  
28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Regional Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1466.86

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

Transaction ID : SA11AI.116953

Amount of Each Receipt this Period

92.76

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Atherton, Daniel, , ,

Mailing Address 8800 Hatton Court

City  
Charlotte

State  
NC

Zip Code  
28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Regional Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1559.62

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2016

Transaction ID : SA11AI.117059

Amount of Each Receipt this Period

92.76

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Atherton, Daniel, , ,

Mailing Address 8800 Hatton Court

City  
Charlotte

State  
NC

Zip Code  
28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Regional Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1652.38

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2016

Transaction ID : SA11AI.117164

Amount of Each Receipt this Period

92.76

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

278.28

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Atherton, Daniel, , ,

Mailing Address 8800 Hatton Court

City  
Charlotte

State  
NC

Zip Code  
28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Regional Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1745.14

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 16 / 2016

Transaction ID : SA11AI.117274

Amount of Each Receipt this Period

92.76

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Atherton, Daniel, , ,

Mailing Address 8800 Hatton Court

City  
Charlotte

State  
NC

Zip Code  
28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Regional Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1837.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : SA11AI.117380

Amount of Each Receipt this Period

92.76

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bales, Matthew, , ,

Mailing Address 6408 Landover Ct

City  
Raleigh

State  
NC

Zip Code  
27612

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 19 / 2016

Transaction ID : SA11AI.117061

Amount of Each Receipt this Period

375.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

560.52

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bales, Matthew, , ,

Mailing Address 6408 Landover Ct

City  
RaleighState  
NCZip Code  
27612FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2016

Transaction ID : SA11Al.117166

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bales, Matthew, , ,

Mailing Address 6408 Landover Ct

City  
RaleighState  
NCZip Code  
27612FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2016

Transaction ID : SA11Al.117276

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bales, Matthew, , ,

Mailing Address 6408 Landover Ct

City  
RaleighState  
NCZip Code  
27612FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : SA11Al.117382

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bastante, Joe, , ,**

Mailing Address 508 Rose Point Dr

City  
Cary

State  
NC

Zip Code  
27518

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1120.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

**Transaction ID : SA11AI.116749**

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bastante, Joe, , ,**

Mailing Address 508 Rose Point Dr

City  
Cary

State  
NC

Zip Code  
27518

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2016

**Transaction ID : SA11AI.116852**

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bastante, Joe, , ,**

Mailing Address 508 Rose Point Dr

City  
Cary

State  
NC

Zip Code  
27518

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

**Transaction ID : SA11AI.116955**

Amount of Each Receipt this Period

80.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

240.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bastante, Joe, , ,**

Mailing Address 508 Rose Point Dr

City  
Cary

State  
NC

Zip Code  
27518

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1360.00

Date of Receipt

08 / 19 / 2016

Transaction ID : SA11AI.117062

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bastante, Joe, , ,**

Mailing Address 508 Rose Point Dr

City  
Cary

State  
NC

Zip Code  
27518

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1440.00

Date of Receipt

09 / 02 / 2016

Transaction ID : SA11AI.117167

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bastante, Joe, , ,**

Mailing Address 508 Rose Point Dr

City  
Cary

State  
NC

Zip Code  
27518

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1520.00

Date of Receipt

09 / 16 / 2016

Transaction ID : SA11AI.117277

Amount of Each Receipt this Period

80.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

240.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bastante, Joe, , ,

Mailing Address 508 Rose Point Dr

City  
Cary

State  
NC

Zip Code  
27518

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : SA11Al.117383

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Blair, Kimberly, , H,

Mailing Address 18 Crooked Creek Lane

City  
Durham

State  
NC

Zip Code  
27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.06

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

Transaction ID : SA11Al.116750

Amount of Each Receipt this Period

34.59

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Blair, Kimberly, , H,

Mailing Address 18 Crooked Creek Lane

City  
Durham

State  
NC

Zip Code  
27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

514.65

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2016

Transaction ID : SA11Al.116853

Amount of Each Receipt this Period

34.59

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

149.18

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Blair, Kimberly, , H,**

Mailing Address 18 Crooked Creek Lane

City  
Durham

State  
NC

Zip Code  
27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

549.24

Date of Receipt

08 / 05 / 2016

Transaction ID : SA11Al.116956

Amount of Each Receipt this Period

34.59

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Blair, Kimberly, , H,**

Mailing Address 18 Crooked Creek Lane

City  
Durham

State  
NC

Zip Code  
27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.83

Date of Receipt

08 / 19 / 2016

Transaction ID : SA11Al.117063

Amount of Each Receipt this Period

34.59

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Blair, Kimberly, , H,**

Mailing Address 18 Crooked Creek Lane

City  
Durham

State  
NC

Zip Code  
27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

618.42

Date of Receipt

09 / 02 / 2016

Transaction ID : SA11Al.117168

Amount of Each Receipt this Period

34.59

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

103.77

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Blair, Kimberly, , H,

Mailing Address 18 Crooked Creek Lane

City  
Durham

State  
NC

Zip Code  
27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.01

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2016

Transaction ID : SA11Al.117278

Amount of Each Receipt this Period

34.59

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Blair, Kimberly, , H,

Mailing Address 18 Crooked Creek Lane

City  
Durham

State  
NC

Zip Code  
27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

687.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : SA11Al.117384

Amount of Each Receipt this Period

34.59

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bolt, Gary, , ,

Mailing Address 4801 Highgate Drive

City  
Durham

State  
NC

Zip Code  
27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1008.42

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

Transaction ID : SA11Al.116752

Amount of Each Receipt this Period

72.03

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

141.21

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 156

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bolt, Gary, , ,**

Mailing Address 4801 Highgate Drive

City  
DurhamState  
NCZip Code  
27713FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.45

Date of Receipt

M M	D D	Y Y Y Y
07	22	2016

Transaction ID : SA11Al.116855

Amount of Each Receipt this Period

72.03

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bolt, Gary, , ,**

Mailing Address 4801 Highgate Drive

City  
DurhamState  
NCZip Code  
27713FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1152.48

Date of Receipt

M M	D D	Y Y Y Y
08	05	2016

Transaction ID : SA11Al.116958

Amount of Each Receipt this Period

72.03

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bolt, Gary, , ,**

Mailing Address 4801 Highgate Drive

City  
DurhamState  
NCZip Code  
27713FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1224.51

Date of Receipt

M M	D D	Y Y Y Y
08	19	2016

Transaction ID : SA11Al.117065

Amount of Each Receipt this Period

72.03

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

216.09

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bolt, Gary, , ,**

Mailing Address 4801 Highgate Drive

City  
Durham

State  
NC

Zip Code  
27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1296.54

Date of Receipt

09 / 02 / 2016

Transaction ID : SA11AI.117170

Amount of Each Receipt this Period

72.03

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bolt, Gary, , ,**

Mailing Address 4801 Highgate Drive

City  
Durham

State  
NC

Zip Code  
27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1368.57

Date of Receipt

09 / 16 / 2016

Transaction ID : SA11AI.117280

Amount of Each Receipt this Period

72.03

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bolt, Gary, , ,**

Mailing Address 4801 Highgate Drive

City  
Durham

State  
NC

Zip Code  
27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1440.60

Date of Receipt

09 / 30 / 2016

Transaction ID : SA11AI.117386

Amount of Each Receipt this Period

72.03

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

216.09

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. breslin, Danielle, , ,**

Mailing Address 7200 Waltridge Place

City  
Holly Springs

State  
NC

Zip Code  
27540

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

Transaction ID : SA11Al.116754

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. breslin, Danielle, , ,**

Mailing Address 7200 Waltridge Place

City  
Holly Springs

State  
NC

Zip Code  
27540

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2016

Transaction ID : SA11Al.116856

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. breslin, Danielle, , ,**

Mailing Address 7200 Waltridge Place

City  
Holly Springs

State  
NC

Zip Code  
27540

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

Transaction ID : SA11Al.116959

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. breslin, Danielle, , ,**

Mailing Address 7200 Waltridge Place

City  
Holly Springs

State  
NC

Zip Code  
27540

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 19 / 2016

Transaction ID : SA11Al.117066

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. breslin, Danielle, , ,**

Mailing Address 7200 Waltridge Place

City  
Holly Springs

State  
NC

Zip Code  
27540

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 02 / 2016

Transaction ID : SA11Al.117173

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. breslin, Danielle, , ,**

Mailing Address 7200 Waltridge Place

City  
Holly Springs

State  
NC

Zip Code  
27540

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 16 / 2016

Transaction ID : SA11Al.117282

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. breslin, Danielle, , ,**

Mailing Address 7200 Waltridge Place

City  
Holly Springs

State  
NC

Zip Code  
27540

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : SA11AI.117388

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Brown, Wade, , L,**

Mailing Address 389 Highland Dr

City  
Lexington

State  
NC

Zip Code  
27292

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Producer Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

Transaction ID : SA11AI.116757

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Brown, Wade, , L,**

Mailing Address 389 Highland Dr

City  
Lexington

State  
NC

Zip Code  
27292

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Producer Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2016

Transaction ID : SA11AI.116859

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brown, Wade, , L,**

Mailing Address 389 Highland Dr

City  
Lexington

State  
NC

Zip Code  
27292

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Producer Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 05 / 2016

**Transaction ID : SA11AI.116962**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Brown, Wade, , L,**

Mailing Address 389 Highland Dr

City  
Lexington

State  
NC

Zip Code  
27292

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Producer Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

08 / 19 / 2016

**Transaction ID : SA11AI.117069**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Brown, Wade, , L,**

Mailing Address 389 Highland Dr

City  
Lexington

State  
NC

Zip Code  
27292

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Producer Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 02 / 2016

**Transaction ID : SA11AI.117176**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brown, Wade, , L,**

Mailing Address 389 Highland Dr

City  
Lexington

State  
NC

Zip Code  
27292

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Producer Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2016

**Transaction ID : SA11AI.117285**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Brown, Wade, , L,**

Mailing Address 389 Highland Dr

City  
Lexington

State  
NC

Zip Code  
27292

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Producer Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : SA11AI.117391**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bureau-Johnson, Samantha, , ,**

Mailing Address 300 Hillsboro St

City  
Pittsboro

State  
NC

Zip Code  
27312

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

**Transaction ID : SA11AI.116758**

Amount of Each Receipt this Period

75.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bureau-Johnsonn, Samantha, , ,**

Mailing Address 300 Hillsboro St

City  
Pittsboro

State  
NC

Zip Code  
27312

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2016

**Transaction ID : SA11AI.116860**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bureau-Johnsonn, Samantha, , ,**

Mailing Address 300 Hillsboro St

City  
Pittsboro

State  
NC

Zip Code  
27312

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

**Transaction ID : SA11AI.116963**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bureau-Johnsonn, Samantha, , ,**

Mailing Address 300 Hillsboro St

City  
Pittsboro

State  
NC

Zip Code  
27312

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2016

**Transaction ID : SA11AI.117070**

Amount of Each Receipt this Period

75.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

225.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bureau-Johnsonn, Samantha, , ,**

Mailing Address 300 Hillsboro St

City  
Pittsboro

State  
NC

Zip Code  
27312

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2016

**Transaction ID : SA11Al.117177**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bureau-Johnsonn, Samantha, , ,**

Mailing Address 300 Hillsboro St

City  
Pittsboro

State  
NC

Zip Code  
27312

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2016

**Transaction ID : SA11Al.117286**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bureau-Johnsonn, Samantha, , ,**

Mailing Address 300 Hillsboro St

City  
Pittsboro

State  
NC

Zip Code  
27312

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : SA11Al.117392**

Amount of Each Receipt this Period

75.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

225.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cade, Lisa, , L,**

Mailing Address 104 Ackworth Court

City  
Cary

State  
NC

Zip Code  
27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1974.41

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

**Transaction ID : SA11Al.116761**

Amount of Each Receipt this Period

143.09

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cade, Lisa, , L,**

Mailing Address 104 Ackworth Court

City  
Cary

State  
NC

Zip Code  
27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2117.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2016

**Transaction ID : SA11Al.116863**

Amount of Each Receipt this Period

143.09

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cade, Lisa, , L,**

Mailing Address 104 Ackworth Court

City  
Cary

State  
NC

Zip Code  
27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2260.59

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

**Transaction ID : SA11Al.116966**

Amount of Each Receipt this Period

143.09

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

429.27

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 27 OF 156  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

<b>A. Cade, Lisa, , L,</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 104 Ackworth Court <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">City Cary</td> <td style="width: 16%; border: none;">State NC</td> <td style="width: 51%; border: none;">Zip Code 27519</td> </tr> </table> FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span>			City Cary	State NC	Zip Code 27519	Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>08</span> <span>19</span> <span>2016</span> </div> <b>Transaction ID : SA11Al.117073</b> Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">143.09</div> <input type="checkbox"/> Memo Item
City Cary	State NC	Zip Code 27519				
Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">2403.68</div>			
<b>B. Cade, Lisa, , L,</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 104 Ackworth Court <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">City Cary</td> <td style="width: 16%; border: none;">State NC</td> <td style="width: 51%; border: none;">Zip Code 27519</td> </tr> </table> FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span>			City Cary	State NC	Zip Code 27519	Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>09</span> <span>02</span> <span>2016</span> </div> <b>Transaction ID : SA11Al.117180</b> Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">143.09</div> <input type="checkbox"/> Memo Item
City Cary	State NC	Zip Code 27519				
Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">2546.77</div>			
<b>C. Cade, Lisa, , L,</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 104 Ackworth Court <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">City Cary</td> <td style="width: 16%; border: none;">State NC</td> <td style="width: 51%; border: none;">Zip Code 27519</td> </tr> </table> FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span>			City Cary	State NC	Zip Code 27519	Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>09</span> <span>16</span> <span>2016</span> </div> <b>Transaction ID : SA11Al.117289</b> Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">143.09</div> <input type="checkbox"/> Memo Item
City Cary	State NC	Zip Code 27519				
Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">2689.86</div>			
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;">429.27</div>			
<b>TOTAL</b> This Period (last page this line number only)..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cade, Lisa, , L,

Mailing Address 104 Ackworth Court

City  
CaryState  
NCZip Code  
27519FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2832.95

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : SA11AI.117395

Amount of Each Receipt this Period

143.09

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Campbell, John, , ,

Mailing Address 2910 Roylea Forrest Drive

City  
RaleighState  
NCZip Code  
27614FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

Transaction ID : SA11AI.116763

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Campbell, John, , ,

Mailing Address 2910 Roylea Forrest Drive

City  
RaleighState  
NCZip Code  
27614FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2016

Transaction ID : SA11AI.116865

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

223.09

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Campbell, John, , ,

Mailing Address 2910 Roylea Forrest Drive

City  
RaleighState  
NCZip Code  
27614FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

Transaction ID : SA11AI.116968

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Campbell, John, , ,

Mailing Address 2910 Roylea Forrest Drive

City  
RaleighState  
NCZip Code  
27614FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2016

Transaction ID : SA11AI.117075

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Campbell, John, , ,

Mailing Address 2910 Roylea Forrest Drive

City  
RaleighState  
NCZip Code  
27614FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2016

Transaction ID : SA11AI.117182

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

120.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Campbell, John, , ,**

Mailing Address 2910 Royle Forrest Drive

City  
Raleigh

State  
NC

Zip Code  
27614

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2016

**Transaction ID : SA11Al.117291**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Campbell, John, , ,**

Mailing Address 2910 Royle Forrest Drive

City  
Raleigh

State  
NC

Zip Code  
27614

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : SA11Al.117397**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Caveney, Brian, , ,**

Mailing Address 3138 Cornwall Rd

City  
Durham

State  
NC

Zip Code  
27707

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1482.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

**Transaction ID : SA11Al.116764**

Amount of Each Receipt this Period

144.24

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

224.24

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Caveney, Brian, , ,**

Mailing Address 3138 Cornwall Rd

City  
Durham

State  
NC

Zip Code  
27707

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1626.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2016

**Transaction ID : SA11AI.116866**

Amount of Each Receipt this Period

144.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Caveney, Brian, , ,**

Mailing Address 3138 Cornwall Rd

City  
Durham

State  
NC

Zip Code  
27707

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1770.88

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

**Transaction ID : SA11AI.116969**

Amount of Each Receipt this Period

144.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Caveney, Brian, , ,**

Mailing Address 3138 Cornwall Rd

City  
Durham

State  
NC

Zip Code  
27707

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1915.12

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2016

**Transaction ID : SA11AI.117076**

Amount of Each Receipt this Period

144.24

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

432.72

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 32 OF 156  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Caveney, Brian, , ,**

Mailing Address 3138 Cornwall Rd

City  
DurhamState  
NCZip Code  
27707FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2059.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : SA11AI.117183

Amount of Each Receipt this Period

144.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Caveney, Brian, , ,**

Mailing Address 3138 Cornwall Rd

City  
DurhamState  
NCZip Code  
27707FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2203.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : SA11AI.117292

Amount of Each Receipt this Period

144.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Caveney, Brian, , ,**

Mailing Address 3138 Cornwall Rd

City  
DurhamState  
NCZip Code  
27707FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2347.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : SA11AI.117398

Amount of Each Receipt this Period

144.24

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

432.72

TOTAL This Period (last page this line number only).....▶



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Chilton, Rick, , ,**

Mailing Address 71 Browns Creek

City  
Manson

State  
NC

Zip Code  
27553

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2016

**Transaction ID : SA11AI.117077**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Chilton, Rick, , ,**

Mailing Address 71 Browns Creek

City  
Manson

State  
NC

Zip Code  
27553

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2016

**Transaction ID : SA11AI.117184**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Chilton, Rick, , ,**

Mailing Address 71 Browns Creek

City  
Manson

State  
NC

Zip Code  
27553

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2016

**Transaction ID : SA11AI.117293**

Amount of Each Receipt this Period

75.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

225.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Chilton, Rick, , ,

Mailing Address 71 Browns Creek

City  
MansonState  
NCZip Code  
27553FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : SA11Al.117399

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Crist, Steven, , K,

Mailing Address 100 Chariot Court

City  
CaryState  
NCZip Code  
27519FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

969.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

Transaction ID : SA11Al.116767

Amount of Each Receipt this Period

69.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Crist, Steven, , K,

Mailing Address 100 Chariot Court

City  
CaryState  
NCZip Code  
27519FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1038.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2016

Transaction ID : SA11Al.116869

Amount of Each Receipt this Period

69.24

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

213.48

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Crist, Steven, , K,

Mailing Address 100 Chariot Court

City  
CaryState  
NCZip Code  
27519FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1107.84

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

Transaction ID : SA11Al.116973

Amount of Each Receipt this Period

69.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Crist, Steven, , K,

Mailing Address 100 Chariot Court

City  
CaryState  
NCZip Code  
27519FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1177.08

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2016

Transaction ID : SA11Al.117080

Amount of Each Receipt this Period

69.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Crist, Steven, , K,

Mailing Address 100 Chariot Court

City  
CaryState  
NCZip Code  
27519FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1246.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2016

Transaction ID : SA11Al.117187

Amount of Each Receipt this Period

69.24

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

207.72

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Crist, Steven, , K,**

Mailing Address 100 Chariot Court

City  
Cary

State  
NC

Zip Code  
27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1315.56

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2016

**Transaction ID : SA11AI.117296**

Amount of Each Receipt this Period

69.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Crist, Steven, , K,**

Mailing Address 100 Chariot Court

City  
Cary

State  
NC

Zip Code  
27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1384.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : SA11AI.117402**

Amount of Each Receipt this Period

69.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. DeGroff, Diane, , G,**

Mailing Address 100 Cobart Ridge Rd

City  
Hillsborough

State  
NC

Zip Code  
27278

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1221.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

**Transaction ID : SA11AI.116771**

Amount of Each Receipt this Period

87.93

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

226.41

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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FOR LINE NUMBER: PAGE 37 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. DeGroff, Diane, , G,**

Mailing Address 100 Cobart Ridge Rd

City  
HillsboroughState  
NCZip Code  
27278FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1309.30

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 07 / 22 / 2016

Transaction ID : SA11AI.116873

Amount of Each Receipt this Period

87.93

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. DeGroff, Diane, , G,**

Mailing Address 100 Cobart Ridge Rd

City  
HillsboroughState  
NCZip Code  
27278FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1397.23

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 08 / 05 / 2016

Transaction ID : SA11AI.116977

Amount of Each Receipt this Period

87.93

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. DeGroff, Diane, , G,**

Mailing Address 100 Cobart Ridge Rd

City  
HillsboroughState  
NCZip Code  
27278FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1484.93

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 08 / 19 / 2016

Transaction ID : SA11AI.117084

Amount of Each Receipt this Period

87.70

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

263.56

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. DeGroff, Diane, , G,**

Mailing Address 100 Cobart Ridge Rd

City  
HillsboroughState  
NCZip Code  
27278FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1660.32

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 / 02 / 2016

Transaction ID : SA11AI.117191

Amount of Each Receipt this Period

175.39

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. DeGroff, Diane, , G,**

Mailing Address 100 Cobart Ridge Rd

City  
HillsboroughState  
NCZip Code  
27278FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1748.02

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 / 16 / 2016

Transaction ID : SA11AI.117300

Amount of Each Receipt this Period

87.70

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. DeGroff, Diane, , G,**

Mailing Address 100 Cobart Ridge Rd

City  
HillsboroughState  
NCZip Code  
27278FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1835.72

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2016

Transaction ID : SA11AI.117406

Amount of Each Receipt this Period

87.70

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

350.79

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Donohue, Hugh, , ,

Mailing Address 102 Cabernet Circle

City  
CaryState  
NCZip Code  
27511FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

Transaction ID : SA11AI.116772

Amount of Each Receipt this Period

32.51

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Donohue, Hugh, , ,

Mailing Address 102 Cabernet Circle

City  
CaryState  
NCZip Code  
27511FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

483.65

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2016

Transaction ID : SA11AI.116874

Amount of Each Receipt this Period

32.51

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Donohue, Hugh, , ,

Mailing Address 102 Cabernet Circle

City  
CaryState  
NCZip Code  
27511FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

516.16

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

Transaction ID : SA11AI.116978

Amount of Each Receipt this Period

32.51

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

97.53

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Donohue, Hugh, , ,**

Mailing Address 102 Cabernet Circle

City  
Cary

State  
NC

Zip Code  
27511

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

548.67

Date of Receipt

08 / 19 / 2016

**Transaction ID : SA11AI.117085**

Amount of Each Receipt this Period

32.51

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Donohue, Hugh, , ,**

Mailing Address 102 Cabernet Circle

City  
Cary

State  
NC

Zip Code  
27511

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

581.18

Date of Receipt

09 / 02 / 2016

**Transaction ID : SA11AI.117192**

Amount of Each Receipt this Period

32.51

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Donohue, Hugh, , ,**

Mailing Address 102 Cabernet Circle

City  
Cary

State  
NC

Zip Code  
27511

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

613.69

Date of Receipt

09 / 16 / 2016

**Transaction ID : SA11AI.117301**

Amount of Each Receipt this Period

32.51

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

97.53



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Donohue, Hugh, , ,**

Mailing Address 102 Cabernet Circle

City  
Cary

State  
NC

Zip Code  
27511

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : SA11Al.117407**

Amount of Each Receipt this Period

32.51

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Emmons, James, , ,**

Mailing Address 105 Vyne Court

City  
Cary

State  
NC

Zip Code  
27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1540.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

**Transaction ID : SA11Al.116774**

Amount of Each Receipt this Period

110.01

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Emmons, James, , ,**

Mailing Address 105 Vyne Court

City  
Cary

State  
NC

Zip Code  
27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1650.15

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2016

**Transaction ID : SA11Al.116876**

Amount of Each Receipt this Period

110.01

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

252.53

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Emmons, James, , ,

Mailing Address 105 Vyne Court

City  
CaryState  
NCZip Code  
27519FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1760.16

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 05 / 2016

Transaction ID : SA11Al.116980

Amount of Each Receipt this Period

110.01

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Emmons, James, , ,

Mailing Address 105 Vyne Court

City  
CaryState  
NCZip Code  
27519FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1870.17

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 19 / 2016

Transaction ID : SA11Al.117087

Amount of Each Receipt this Period

110.01

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Emmons, James, , ,

Mailing Address 105 Vyne Court

City  
CaryState  
NCZip Code  
27519FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1980.18

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2016

Transaction ID : SA11Al.117194

Amount of Each Receipt this Period

110.01

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

330.03

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Emmons, James, , ,

Mailing Address 105 Vyne Court

City  
CaryState  
NCZip Code  
27519FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2090.19

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 16 / 2016

Transaction ID : SA11Al.117303

Amount of Each Receipt this Period

110.01

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Emmons, James, , ,

Mailing Address 105 Vyne Court

City  
CaryState  
NCZip Code  
27519FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : SA11Al.117409

Amount of Each Receipt this Period

110.01

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Evans, Christine, , A,

Mailing Address 606 W. Aycock Street

City  
RaleighState  
NCZip Code  
27608FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

671.47

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 06 / 2016

Transaction ID : SA11Al.116776

Amount of Each Receipt this Period

48.63

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

268.65

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Evans, Christine, , A,**

Mailing Address 606 W. Aycock Street

City  
Raleigh

State  
NC

Zip Code  
27608

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2016

**Transaction ID : SA11AI.116878**

Amount of Each Receipt this Period

48.63

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Evans, Christine, , A,**

Mailing Address 606 W. Aycock Street

City  
Raleigh

State  
NC

Zip Code  
27608

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

768.73

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

**Transaction ID : SA11AI.116982**

Amount of Each Receipt this Period

48.63

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Evans, Christine, , A,**

Mailing Address 606 W. Aycock Street

City  
Raleigh

State  
NC

Zip Code  
27608

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

817.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2016

**Transaction ID : SA11AI.117088**

Amount of Each Receipt this Period

48.63

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

145.89

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Evans, Christine, , A,**

Mailing Address 606 W. Aycock Street

City  
Raleigh

State  
NC

Zip Code  
27608

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.99

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2016

**Transaction ID : SA11AI.117197**

Amount of Each Receipt this Period

48.63

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Evans, Christine, , A,**

Mailing Address 606 W. Aycock Street

City  
Raleigh

State  
NC

Zip Code  
27608

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

914.62

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2016

**Transaction ID : SA11AI.117305**

Amount of Each Receipt this Period

48.63

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Evans, Christine, , A,**

Mailing Address 606 W. Aycock Street

City  
Raleigh

State  
NC

Zip Code  
27608

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

963.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : SA11AI.117411**

Amount of Each Receipt this Period

48.63

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

145.89

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Fleming, Robert, , M,

Mailing Address 211 St. Mary's Street

City  
RaleighState  
NCZip Code  
27605FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1228.93

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

Transaction ID : SA11Al.116777

Amount of Each Receipt this Period

88.47

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Fleming, Robert, , M,

Mailing Address 211 St. Mary's Street

City  
RaleighState  
NCZip Code  
27605FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1317.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2016

Transaction ID : SA11Al.116879

Amount of Each Receipt this Period

88.47

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fleming, Robert, , M,

Mailing Address 211 St. Mary's Street

City  
RaleighState  
NCZip Code  
27605FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1405.87

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

Transaction ID : SA11Al.116983

Amount of Each Receipt this Period

88.47

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

265.41

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fleming, Robert, , M,**

Mailing Address 211 St. Mary's Street

City  
Raleigh

State  
NC

Zip Code  
27605

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1494.34

Date of Receipt

08 / 19 / 2016

Transaction ID : SA11AI.117089

Amount of Each Receipt this Period

88.47

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fleming, Robert, , M,**

Mailing Address 211 St. Mary's Street

City  
Raleigh

State  
NC

Zip Code  
27605

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1582.81

Date of Receipt

09 / 02 / 2016

Transaction ID : SA11AI.117198

Amount of Each Receipt this Period

88.47

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fleming, Robert, , M,**

Mailing Address 211 St. Mary's Street

City  
Raleigh

State  
NC

Zip Code  
27605

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1671.28

Date of Receipt

09 / 16 / 2016

Transaction ID : SA11AI.117306

Amount of Each Receipt this Period

88.47

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

265.41

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Fleming, Robert, , M,

Mailing Address 211 St. Mary's Street

City  
RaleighState  
NCZip Code  
27605FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1759.75

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2016

Transaction ID : SA11Al.117412

Amount of Each Receipt this Period

88.47

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Fong, John, , ,

Mailing Address 41 Lintel Dr

City  
McMurryState  
PAZip Code  
15317FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1639.54

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 07 / 06 / 2016

Transaction ID : SA11Al.116779

Amount of Each Receipt this Period

117.11

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fong, John, , ,

Mailing Address 41 Lintel Dr

City  
McMurryState  
PAZip Code  
15317FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1756.65

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 07 / 22 / 2016

Transaction ID : SA11Al.116881

Amount of Each Receipt this Period

117.11

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

322.69

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fong, John, , ,**

Mailing Address 41 Lintel Dr

City  
McMurry

State  
PA

Zip Code  
15317

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1873.76

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

**Transaction ID : SA11Al.116985**

Amount of Each Receipt this Period

117.11

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fong, John, , ,**

Mailing Address 41 Lintel Dr

City  
McMurry

State  
PA

Zip Code  
15317

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1990.87

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2016

**Transaction ID : SA11Al.117091**

Amount of Each Receipt this Period

117.11

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fong, John, , ,**

Mailing Address 41 Lintel Dr

City  
McMurry

State  
PA

Zip Code  
15317

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2107.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2016

**Transaction ID : SA11Al.117200**

Amount of Each Receipt this Period

117.11

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

351.33

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Fong, John, , ,

Mailing Address 41 Lintel Dr

City  
McMurryState  
PAZip Code  
15317FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2225.09

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 16 / 2016

Transaction ID : SA11Al.117308

Amount of Each Receipt this Period

117.11

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Fong, John, , ,

Mailing Address 41 Lintel Dr

City  
McMurryState  
PAZip Code  
15317FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2342.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : SA11Al.117414

Amount of Each Receipt this Period

117.11

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gaines, Kathi, , ,

Mailing Address 603 Kingswood Drive

City  
CaryState  
NCZip Code  
27513FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

714.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 06 / 2016

Transaction ID : SA11Al.116780

Amount of Each Receipt this Period

51.02

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

285.24

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gaines, Kathi, , ,**

Mailing Address 603 Kingswood Drive

City  
Cary

State  
NC

Zip Code  
27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2016

**Transaction ID : SA11Al.116882**

Amount of Each Receipt this Period

51.02

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gaines, Kathi, , ,**

Mailing Address 603 Kingswood Drive

City  
Cary

State  
NC

Zip Code  
27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

816.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

**Transaction ID : SA11Al.116986**

Amount of Each Receipt this Period

51.02

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gaines, Kathi, , ,**

Mailing Address 603 Kingswood Drive

City  
Cary

State  
NC

Zip Code  
27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

867.34

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2016

**Transaction ID : SA11Al.117092**

Amount of Each Receipt this Period

51.02

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

153.06

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gaines, Kathi, , ,**

Mailing Address 603 Kingswood Drive

City  
Cary

State  
NC

Zip Code  
27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

918.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2016

**Transaction ID : SA11AI.117201**

Amount of Each Receipt this Period

51.02

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gaines, Kathi, , ,**

Mailing Address 603 Kingswood Drive

City  
Cary

State  
NC

Zip Code  
27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

969.38

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2016

**Transaction ID : SA11AI.117309**

Amount of Each Receipt this Period

51.02

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gaines, Kathi, , ,**

Mailing Address 603 Kingswood Drive

City  
Cary

State  
NC

Zip Code  
27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1020.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : SA11AI.117415**

Amount of Each Receipt this Period

51.02

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

153.06

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Getzen, Patrick, , K,**

Mailing Address 205 Chilcott

City  
Apex

State  
NC

Zip Code  
27502

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2153.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

**Transaction ID : SA11Al.116781**

Amount of Each Receipt this Period

153.85

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Getzen, Patrick, , K,**

Mailing Address 205 Chilcott

City  
Apex

State  
NC

Zip Code  
27502

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2016

**Transaction ID : SA11Al.116883**

Amount of Each Receipt this Period

153.85

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Getzen, Patrick, , K,**

Mailing Address 205 Chilcott

City  
Apex

State  
NC

Zip Code  
27502

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2461.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

**Transaction ID : SA11Al.116987**

Amount of Each Receipt this Period

153.85

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

461.55

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Getzen, Patrick, , K,**

Mailing Address 205 Chilcott

City  
Apex

State  
NC

Zip Code  
27502

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2615.45

Date of Receipt

08 / 19 / 2016

**Transaction ID : SA11AI.117093**

Amount of Each Receipt this Period

153.85

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Getzen, Patrick, , K,**

Mailing Address 205 Chilcott

City  
Apex

State  
NC

Zip Code  
27502

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2769.30

Date of Receipt

09 / 02 / 2016

**Transaction ID : SA11AI.117202**

Amount of Each Receipt this Period

153.85

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Getzen, Patrick, , K,**

Mailing Address 205 Chilcott

City  
Apex

State  
NC

Zip Code  
27502

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2923.15

Date of Receipt

09 / 16 / 2016

**Transaction ID : SA11AI.117310**

Amount of Each Receipt this Period

153.85

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

461.55

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Getzen, Patrick, , K,**

Mailing Address 205 Chilcott

City  
Apex

State  
NC

Zip Code  
27502

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3077.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : SA11Al.117416**

Amount of Each Receipt this Period

153.85

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gofourth, Robert, , ,**

Mailing Address 206 N Duke Street

City  
Durham

State  
NC

Zip Code  
27701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

997.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

**Transaction ID : SA11Al.116782**

Amount of Each Receipt this Period

71.93

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gofourth, Robert, , ,**

Mailing Address 206 N Duke Street

City  
Durham

State  
NC

Zip Code  
27701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1069.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2016

**Transaction ID : SA11Al.116884**

Amount of Each Receipt this Period

71.93

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

297.71

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gofourth, Robert, , ,

Mailing Address 206 N Duke Street

City  
DurhamState  
NCZip Code  
27701FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1141.23

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

Transaction ID : SA11Al.116988

Amount of Each Receipt this Period

71.93

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gofourth, Robert, , ,

Mailing Address 206 N Duke Street

City  
DurhamState  
NCZip Code  
27701FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1213.16

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2016

Transaction ID : SA11Al.117094

Amount of Each Receipt this Period

71.93

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gofourth, Robert, , ,

Mailing Address 206 N Duke Street

City  
DurhamState  
NCZip Code  
27701FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1285.09

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2016

Transaction ID : SA11Al.117203

Amount of Each Receipt this Period

71.93

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

215.79

TOTAL This Period (last page this line number only).....▶



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gofourth, Robert, , ,**

Mailing Address 206 N Duke Street

City  
Durham

State  
NC

Zip Code  
27701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1357.02

Date of Receipt

09 / 16 / 2016

Transaction ID : SA11AI.117311

Amount of Each Receipt this Period

71.93

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gofourth, Robert, , ,**

Mailing Address 206 N Duke Street

City  
Durham

State  
NC

Zip Code  
27701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1428.95

Date of Receipt

09 / 30 / 2016

Transaction ID : SA11AI.117417

Amount of Each Receipt this Period

71.93

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gorry, Laura, , ,**

Mailing Address 2566 Ironwood Drive

City  
Hickory

State  
NC

Zip Code  
28602

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Regional Service Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

716.74

Date of Receipt

07 / 06 / 2016

Transaction ID : SA11AI.116783

Amount of Each Receipt this Period

51.71

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

195.57

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gorry, Laura, , ,**

Mailing Address 2566 Ironwood Drive

City  
Hickory

State  
NC

Zip Code  
28602

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Regional Service Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

768.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2016

**Transaction ID : SA11AI.116885**

Amount of Each Receipt this Period

51.71

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gorry, Laura, , ,**

Mailing Address 2566 Ironwood Drive

City  
Hickory

State  
NC

Zip Code  
28602

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Regional Service Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

820.16

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

**Transaction ID : SA11AI.116989**

Amount of Each Receipt this Period

51.71

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gorry, Laura, , ,**

Mailing Address 2566 Ironwood Drive

City  
Hickory

State  
NC

Zip Code  
28602

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Regional Service Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

871.87

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2016

**Transaction ID : SA11AI.117095**

Amount of Each Receipt this Period

51.71

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

155.13

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gorry, Laura, , ,**

Mailing Address 2566 Ironwood Drive

City  
Hickory

State  
NC

Zip Code  
28602

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Regional Service Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.58

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2016

**Transaction ID : SA11AI.117204**

Amount of Each Receipt this Period

51.71

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gorry, Laura, , ,**

Mailing Address 2566 Ironwood Drive

City  
Hickory

State  
NC

Zip Code  
28602

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Regional Service Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.29

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2016

**Transaction ID : SA11AI.117312**

Amount of Each Receipt this Period

51.71

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gorry, Laura, , ,**

Mailing Address 2566 Ironwood Drive

City  
Hickory

State  
NC

Zip Code  
28602

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Regional Service Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1027.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : SA11AI.117418**

Amount of Each Receipt this Period

51.71

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

155.13

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Green, Estay, , ,**

Mailing Address 1004 Fullbright Dr

City  
Morrisville

State  
NC

Zip Code  
27560

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

**Transaction ID : SA11Al.116784**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Green, Estay, , ,**

Mailing Address 1004 Fullbright Dr

City  
Morrisville

State  
NC

Zip Code  
27560

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2016

**Transaction ID : SA11Al.116886**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Green, Estay, , ,**

Mailing Address 1004 Fullbright Dr

City  
Morrisville

State  
NC

Zip Code  
27560

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

**Transaction ID : SA11Al.116990**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Green, Estay, , ,**

Mailing Address 1004 Fullbright Dr

City  
Morrisville

State  
NC

Zip Code  
27560

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 19 / 2016

**Transaction ID : SA11Al.117096**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Green, Estay, , ,**

Mailing Address 1004 Fullbright Dr

City  
Morrisville

State  
NC

Zip Code  
27560

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 02 / 2016

**Transaction ID : SA11Al.117205**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Green, Estay, , ,**

Mailing Address 1004 Fullbright Dr

City  
Morrisville

State  
NC

Zip Code  
27560

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 16 / 2016

**Transaction ID : SA11Al.117313**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶

**TOTAL** This Period (last page this line number only).....▶

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Green, Estay, , ,**

Mailing Address 1004 Fullbright Dr

City  
Morrisville

State  
NC

Zip Code  
27560

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2016

Transaction ID : SA11AI.117419

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Grissom, Darrell, , Mr., II**

Mailing Address 1105 New Hampshire Drive

City  
Jamestown

State  
NC

Zip Code  
27282

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Consumer Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.34

Date of Receipt

MM / DD / YYYY  
07 / 06 / 2016

Transaction ID : SA11AI.116785

Amount of Each Receipt this Period

17.31

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Grissom, Darrell, , Mr., II**

Mailing Address 1105 New Hampshire Drive

City  
Jamestown

State  
NC

Zip Code  
27282

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Consumer Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

259.65

Date of Receipt

MM / DD / YYYY  
07 / 22 / 2016

Transaction ID : SA11AI.116887

Amount of Each Receipt this Period

17.31

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

54.62

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Grissom, Darrell, , Mr., II

Mailing Address 1105 New Hampshire Drive

City

Jamestown

State

NC

Zip Code

27282

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Consumer Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.96

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

Transaction ID : SA11AI.116991

Amount of Each Receipt this Period

17.31

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Grissom, Darrell, , Mr., II

Mailing Address 1105 New Hampshire Drive

City

Jamestown

State

NC

Zip Code

27282

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Consumer Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.27

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2016

Transaction ID : SA11AI.117097

Amount of Each Receipt this Period

17.31

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Grissom, Darrell, , Mr., II

Mailing Address 1105 New Hampshire Drive

City

Jamestown

State

NC

Zip Code

27282

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Consumer Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

311.58

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2016

Transaction ID : SA11AI.117206

Amount of Each Receipt this Period

17.31

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

51.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Grissom, Darrell, , Mr., II**

Mailing Address 1105 New Hampshire Drive

City  
JamestownState  
NCZip Code  
27282FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
Consumer Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.89

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 / 16 / 2016

Transaction ID : SA11Al.117314

Amount of Each Receipt this Period

17.31

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Grissom, Darrell, , Mr., II**

Mailing Address 1105 New Hampshire Drive

City  
JamestownState  
NCZip Code  
27282FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
Consumer Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.20

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2016

Transaction ID : SA11Al.117420

Amount of Each Receipt this Period

17.31

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Higgins, Kathryn, , Ms,**

Mailing Address 734 Crabtree Crossing

City  
CaryState  
NCZip Code  
27513FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
Sr. Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 07 / 06 / 2016

Transaction ID : SA11Al.116786

Amount of Each Receipt this Period

90.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

124.62

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Higgins, Kathryn, , Ms,**

Mailing Address 734 Crabtree Crossing

City  
Cary

State  
NC

Zip Code  
27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Sr. Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2016

**Transaction ID : SA11Al.116888**

Amount of Each Receipt this Period

90.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Higgins, Kathryn, , Ms,**

Mailing Address 734 Crabtree Crossing

City  
Cary

State  
NC

Zip Code  
27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Sr. Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

**Transaction ID : SA11Al.116992**

Amount of Each Receipt this Period

90.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Higgins, Kathryn, , Ms,**

Mailing Address 734 Crabtree Crossing

City  
Cary

State  
NC

Zip Code  
27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Sr. Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1530.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2016

**Transaction ID : SA11Al.117098**

Amount of Each Receipt this Period

90.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

270.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Higgins, Kathryn, , Ms,

Mailing Address 734 Crabtree Crossing

City  
CaryState  
NCZip Code  
27513FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Sr. Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1620.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2016

Transaction ID : SA11AI.117207

Amount of Each Receipt this Period

90.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Higgins, Kathryn, , Ms,

Mailing Address 734 Crabtree Crossing

City  
CaryState  
NCZip Code  
27513FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Sr. Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1710.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2016

Transaction ID : SA11AI.117315

Amount of Each Receipt this Period

90.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Higgins, Kathryn, , Ms,

Mailing Address 734 Crabtree Crossing

City  
CaryState  
NCZip Code  
27513FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Sr. Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : SA11AI.117421

Amount of Each Receipt this Period

90.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

270.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hotchkiss, William, , E,**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

**Transaction ID : SA11AI.116788**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hotchkiss, William, , E,**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2016

**Transaction ID : SA11AI.116890**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hotchkiss, William, , E,**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

**Transaction ID : SA11AI.116994**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hotchkiss, William, , E,**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2016

**Transaction ID : SA11AI.117100**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hotchkiss, William, , E,**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2016

**Transaction ID : SA11AI.117209**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hotchkiss, William, , E,**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2016

**Transaction ID : SA11AI.117317**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hotchkiss, William, , E,**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : SA11AI.117423**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hunter, Meredith, , ,**

Mailing Address 317 N. Main St

City

Warrenton

State

NC

Zip Code

27589

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.66

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

**Transaction ID : SA11AI.116997**

Amount of Each Receipt this Period

263.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hunter, Meredith, , ,**

Mailing Address 317 N. Main St

City

Warrenton

State

NC

Zip Code

27589

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

290.03

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2016

**Transaction ID : SA11AI.117102**

Amount of Each Receipt this Period

26.37

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

315.03

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hunter, Meredith, , ,

Mailing Address 317 N. Main St

City  
WarrentonState  
NCZip Code  
27589FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2016

Transaction ID : SA11Al.117211

Amount of Each Receipt this Period

26.37

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hunter, Meredith, , ,

Mailing Address 317 N. Main St

City  
WarrentonState  
NCZip Code  
27589FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.77

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 16 / 2016

Transaction ID : SA11Al.117319

Amount of Each Receipt this Period

26.37

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hunter, Meredith, , ,

Mailing Address 317 N. Main St

City  
WarrentonState  
NCZip Code  
27589FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

369.14

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : SA11Al.117425

Amount of Each Receipt this Period

26.37

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

79.11

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jenkins, Stanley, , ,**

Mailing Address 5436 Chimney Swift Dr

City  
Wake Forest

State  
NC

Zip Code  
27587

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Enterprise Architech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

573.91

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

**Transaction ID : SA11AI.116791**

Amount of Each Receipt this Period

41.14

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jenkins, Stanley, , ,**

Mailing Address 5436 Chimney Swift Dr

City  
Wake Forest

State  
NC

Zip Code  
27587

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Enterprise Architech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.05

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2016

**Transaction ID : SA11AI.116893**

Amount of Each Receipt this Period

41.14

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jenkins, Stanley, , ,**

Mailing Address 5436 Chimney Swift Dr

City  
Wake Forest

State  
NC

Zip Code  
27587

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Enterprise Architech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

656.19

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

**Transaction ID : SA11AI.116999**

Amount of Each Receipt this Period

41.14

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

123.42

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jenkins, Stanley, , ,**

Mailing Address 5436 Chimney Swift Dr

City  
Wake Forest

State  
NC

Zip Code  
27587

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Enterprise Architech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

697.33

Date of Receipt

MM / DD / YYYY  
08 / 19 / 2016

Transaction ID : SA11AI.117104

Amount of Each Receipt this Period

41.14

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jenkins, Stanley, , ,**

Mailing Address 5436 Chimney Swift Dr

City  
Wake Forest

State  
NC

Zip Code  
27587

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Enterprise Architech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

738.47

Date of Receipt

MM / DD / YYYY  
09 / 02 / 2016

Transaction ID : SA11AI.117213

Amount of Each Receipt this Period

41.14

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jenkins, Stanley, , ,**

Mailing Address 5436 Chimney Swift Dr

City  
Wake Forest

State  
NC

Zip Code  
27587

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Enterprise Architech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

779.61

Date of Receipt

MM / DD / YYYY  
09 / 16 / 2016

Transaction ID : SA11AI.117321

Amount of Each Receipt this Period

41.14

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

123.42

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jenkins, Stanley, , ,**

Mailing Address 5436 Chimney Swift Dr

City  
Wake Forest

State  
NC

Zip Code  
27587

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Enterprise Architech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

820.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : SA11AI.117427**

Amount of Each Receipt this Period

41.14

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kent, Kristy, , ,**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Program Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2016

**Transaction ID : SA11AI.117158**

Amount of Each Receipt this Period

320.00

☐ Memo Item  
PAC Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kent, Kristy, , ,**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Program Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2016

**Transaction ID : SA11AI.117215**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

381.14

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

<b>A. Kent, Kristy, , ,</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address City State Zip Code FEC ID number of contributing federal political committee. <b>C</b> Name of Employer (for Individual) <b>BCBSNC</b> Occupation (for Individual) <b>Program Manager</b> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <b>400.00</b>			Date of Receipt <b>09 / 16 / 2016</b> <b>Transaction ID : SA11AI.117323</b> Amount of Each Receipt this Period <b>20.00</b> <input type="checkbox"/> Memo Item
<b>B. Kent, Kristy, , ,</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address City State Zip Code FEC ID number of contributing federal political committee. <b>C</b> Name of Employer (for Individual) <b>BCBSNC</b> Occupation (for Individual) <b>Program Manager</b> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <b>420.00</b>			Date of Receipt <b>09 / 30 / 2016</b> <b>Transaction ID : SA11AI.117429</b> Amount of Each Receipt this Period <b>20.00</b> <input type="checkbox"/> Memo Item
<b>C. Kerns, Sean, , ,</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address <b>106 Caymus Ct</b> City <b>Cary</b> State <b>NC</b> Zip Code <b>27519</b> FEC ID number of contributing federal political committee. <b>C</b> Name of Employer (for Individual) <b>BCBSNC</b> Occupation (for Individual) <b>VP</b> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date ▼ <b>560.00</b>			Date of Receipt <b>07 / 06 / 2016</b> <b>Transaction ID : SA11AI.116793</b> Amount of Each Receipt this Period <b>40.00</b> <input type="checkbox"/> Memo Item
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			<b>80.00</b>
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kerns, Sean, , ,**

Mailing Address 106 Caymus Ct

City  
Cary

State  
NC

Zip Code  
27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2016

**Transaction ID : SA11AI.116895**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kerns, Sean, , ,**

Mailing Address 106 Caymus Ct

City  
Cary

State  
NC

Zip Code  
27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

**Transaction ID : SA11AI.117001**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kerns, Sean, , ,**

Mailing Address 106 Caymus Ct

City  
Cary

State  
NC

Zip Code  
27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2016

**Transaction ID : SA11AI.117107**

Amount of Each Receipt this Period

40.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

120.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kerns, Sean, , ,**

Mailing Address 106 Caymus Ct

City  
Cary

State  
NC

Zip Code  
27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2016

**Transaction ID : SA11AI.117216**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kerns, Sean, , ,**

Mailing Address 106 Caymus Ct

City  
Cary

State  
NC

Zip Code  
27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2016

**Transaction ID : SA11AI.117324**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kerns, Sean, , ,**

Mailing Address 106 Caymus Ct

City  
Cary

State  
NC

Zip Code  
27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : SA11AI.117430**

Amount of Each Receipt this Period

40.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

120.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lawrence, William, , ,**

Mailing Address 2300 Baileys Landing Drive

City  
Raleigh

State  
NC

Zip Code  
27606

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

**Transaction ID : SA11AI.116795**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lawrence, William, , ,**

Mailing Address 2300 Baileys Landing Drive

City  
Raleigh

State  
NC

Zip Code  
27606

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2016

**Transaction ID : SA11AI.116897**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lawrence, William, , ,**

Mailing Address 2300 Baileys Landing Drive

City  
Raleigh

State  
NC

Zip Code  
27606

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

**Transaction ID : SA11AI.117003**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lawrence, William, , ,**

Mailing Address 2300 Baileys Landing Drive

City  
Raleigh

State  
NC

Zip Code  
27606

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 19 / 2016

Transaction ID : SA11AI.117109

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lawrence, William, , ,**

Mailing Address 2300 Baileys Landing Drive

City  
Raleigh

State  
NC

Zip Code  
27606

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 02 / 2016

Transaction ID : SA11AI.117218

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lawrence, William, , ,**

Mailing Address 2300 Baileys Landing Drive

City  
Raleigh

State  
NC

Zip Code  
27606

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 16 / 2016

Transaction ID : SA11AI.117326

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lawrence, William, , ,**

Mailing Address 2300 Baileys Landing Drive

City  
Raleigh

State  
NC

Zip Code  
27606

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : SA11Al.117432**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Maisonet-Morales, Adrienna, , ,**

Mailing Address 100 Village Circle Way #1201

City  
Durham

State  
NC

Zip Code  
27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

**Transaction ID : SA11Al.116797**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Maisonet-Morales, Adrienna, , ,**

Mailing Address 100 Village Circle Way #1201

City  
Durham

State  
NC

Zip Code  
27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2016

**Transaction ID : SA11Al.116899**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Maisonet-Morales, Adrienna, , ,**

Mailing Address 100 Village Circle Way #1201

City  
Durham

State  
NC

Zip Code  
27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 05 / 2016

Transaction ID : SA11Al.117005

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Maisonet-Morales, Adrienna, , ,**

Mailing Address 100 Village Circle Way #1201

City  
Durham

State  
NC

Zip Code  
27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 19 / 2016

Transaction ID : SA11Al.117111

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Maisonet-Morales, Adrienna, , ,**

Mailing Address 100 Village Circle Way #1201

City  
Durham

State  
NC

Zip Code  
27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 02 / 2016

Transaction ID : SA11Al.117220

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Maisonet-Morales, Adrienna, , ,

Mailing Address 100 Village Circle Way #1201

City  
DurhamState  
NCZip Code  
27713FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2016

Transaction ID : SA11Al.117327

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Maisonet-Morales, Adrienna, , ,

Mailing Address 100 Village Circle Way #1201

City  
DurhamState  
NCZip Code  
27713FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : SA11Al.117433

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Mazza, Ralph, , C,

Mailing Address 938 Alden Bridge

City  
CaryState  
NCZip Code  
27519FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

682.96

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

Transaction ID : SA11Al.116798

Amount of Each Receipt this Period

49.04

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

89.04

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mazza, Ralph, , C,**

Mailing Address 938 Alden Bridge

City  
Cary

State  
NC

Zip Code  
27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

732.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2016

**Transaction ID : SA11Al.116900**

Amount of Each Receipt this Period

49.04

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mazza, Ralph, , C,**

Mailing Address 938 Alden Bridge

City  
Cary

State  
NC

Zip Code  
27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

781.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

**Transaction ID : SA11Al.117006**

Amount of Each Receipt this Period

49.04

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mazza, Ralph, , C,**

Mailing Address 938 Alden Bridge

City  
Cary

State  
NC

Zip Code  
27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

830.08

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2016

**Transaction ID : SA11Al.117112**

Amount of Each Receipt this Period

49.04

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

147.12

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 83 OF 156  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mazza, Ralph, , C,**

Mailing Address 938 Alden Bridge

City  
CaryState  
NCZip Code  
27519FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

879.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : SA11AI.117221

Amount of Each Receipt this Period

49.04

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mazza, Ralph, , C,**

Mailing Address 938 Alden Bridge

City  
CaryState  
NCZip Code  
27519FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

928.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : SA11AI.117328

Amount of Each Receipt this Period

49.04

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mazza, Ralph, , C,**

Mailing Address 938 Alden Bridge

City  
CaryState  
NCZip Code  
27519FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

977.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : SA11AI.117434

Amount of Each Receipt this Period

49.04

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

147.12

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McCauley, Janet, , L,**

Mailing Address 941 Old Lystra Road

City  
Chapel Hill

State  
NC

Zip Code  
27517

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1470.92

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

**Transaction ID : SA11AI.116799**

Amount of Each Receipt this Period

106.53

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McCauley, Janet, , L,**

Mailing Address 941 Old Lystra Road

City  
Chapel Hill

State  
NC

Zip Code  
27517

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1577.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2016

**Transaction ID : SA11AI.116901**

Amount of Each Receipt this Period

106.53

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McCauley, Janet, , L,**

Mailing Address 941 Old Lystra Road

City  
Chapel Hill

State  
NC

Zip Code  
27517

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1683.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

**Transaction ID : SA11AI.117007**

Amount of Each Receipt this Period

106.53

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

319.59

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McCauley, Janet, , L,**

Mailing Address 941 Old Lystra Road

City  
Chapel Hill

State  
NC

Zip Code  
27517

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1790.51

Date of Receipt

08 / 19 / 2016

Transaction ID : SA11AI.117113

Amount of Each Receipt this Period

106.53

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McCauley, Janet, , L,**

Mailing Address 941 Old Lystra Road

City  
Chapel Hill

State  
NC

Zip Code  
27517

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1897.04

Date of Receipt

09 / 02 / 2016

Transaction ID : SA11AI.117222

Amount of Each Receipt this Period

106.53

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McCauley, Janet, , L,**

Mailing Address 941 Old Lystra Road

City  
Chapel Hill

State  
NC

Zip Code  
27517

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2003.57

Date of Receipt

09 / 16 / 2016

Transaction ID : SA11AI.117329

Amount of Each Receipt this Period

106.53

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

319.59

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 86 OF 156  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McCauley, Janet, , L,**

Mailing Address 941 Old Lystra Road

City  
Chapel HillState  
NCZip Code  
27517FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2110.10

Date of Receipt

M M	D D	Y Y Y Y
09	30	2016

**Transaction ID : SA11Al.117435**

Amount of Each Receipt this Period

106.53

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McNeal, Lynn, , ,**

Mailing Address 185 Swansea Lane

City  
Chapel HillState  
NCZip Code  
27516FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1471.54

Date of Receipt

M M	D D	Y Y Y Y
07	06	2016

**Transaction ID : SA11Al.116801**

Amount of Each Receipt this Period

105.11

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Miller, Debra, , ,**

Mailing Address 1712 Fairway Drive

City  
NewtonState  
NCZip Code  
28658FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

973.69

Date of Receipt

M M	D D	Y Y Y Y
07	06	2016

**Transaction ID : SA11Al.116803**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

221.64

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 87 OF 156

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Miller, Debra, , ,**

Mailing Address 1712 Fairway Drive

City  
Newton

State  
NC

Zip Code  
28658

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1047.82

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2016

**Transaction ID : SA11Al.116904**

Amount of Each Receipt this Period

74.13

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Miller, Debra, , ,**

Mailing Address 1712 Fairway Drive

City  
Newton

State  
NC

Zip Code  
28658

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1121.95

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

**Transaction ID : SA11Al.117010**

Amount of Each Receipt this Period

74.13

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Miller, Debra, , ,**

Mailing Address 1712 Fairway Drive

City  
Newton

State  
NC

Zip Code  
28658

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1196.08

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2016

**Transaction ID : SA11Al.117116**

Amount of Each Receipt this Period

74.13

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

222.39

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Miller, Debra, , ,**

Mailing Address 1712 Fairway Drive

City  
Newton

State  
NC

Zip Code  
28658

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1270.21

Date of Receipt

MM / DD / YYYY  
09 / 02 / 2016

Transaction ID : SA11AI.117225

Amount of Each Receipt this Period

74.13

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Miller, Debra, , ,**

Mailing Address 1712 Fairway Drive

City  
Newton

State  
NC

Zip Code  
28658

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1344.34

Date of Receipt

MM / DD / YYYY  
09 / 16 / 2016

Transaction ID : SA11AI.117332

Amount of Each Receipt this Period

74.13

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Miller, Debra, , ,**

Mailing Address 1712 Fairway Drive

City  
Newton

State  
NC

Zip Code  
28658

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1418.47

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2016

Transaction ID : SA11AI.117438

Amount of Each Receipt this Period

74.13

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

222.39



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Miller, Robin, , ,**

Mailing Address 10504 Saltsby Ct

City  
Raleigh

State  
NC

Zip Code  
27615

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.13

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

**Transaction ID : SA11AI.116804**

Amount of Each Receipt this Period

74.13

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Miller, Robin, , ,**

Mailing Address 10504 Saltsby Ct

City  
Raleigh

State  
NC

Zip Code  
27615

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.13

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2016

**Transaction ID : SA11AI.116905**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Miller, Robin, , ,**

Mailing Address 10504 Saltsby Ct

City  
Raleigh

State  
NC

Zip Code  
27615

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

224.13

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

**Transaction ID : SA11AI.117011**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

94.13

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Miller, Robin, , ,

Mailing Address 10504 Saltsby Ct

City  
RaleighState  
NCZip Code  
27615FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.13

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 19 / 2016

Transaction ID : SA11Al.117117

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Miller, Robin, , ,

Mailing Address 10504 Saltsby Ct

City  
RaleighState  
NCZip Code  
27615FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.13

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2016

Transaction ID : SA11Al.117226

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Miller, Robin, , ,

Mailing Address 10504 Saltsby Ct

City  
RaleighState  
NCZip Code  
27615FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

254.13

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 16 / 2016

Transaction ID : SA11Al.117333

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

30.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Miller, Robin, , ,**

Mailing Address 10504 Saltsby Ct

City  
Raleigh

State  
NC

Zip Code  
27615

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.13

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : SA11AI.117439**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Millican, Kathryn, , ,**

Mailing Address 1632 Lorraine Road

City  
Raleigh

State  
NC

Zip Code  
27607

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

634.06

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

**Transaction ID : SA11AI.116805**

Amount of Each Receipt this Period

45.69

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Millican, Kathryn, , ,**

Mailing Address 1632 Lorraine Road

City  
Raleigh

State  
NC

Zip Code  
27607

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

679.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2016

**Transaction ID : SA11AI.116906**

Amount of Each Receipt this Period

45.69

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

101.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Millican, Kathryn, , ,

Mailing Address 1632 Lorraine Road

City  
RaleighState  
NCZip Code  
27607FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.44

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

Transaction ID : SA11Al.117012

Amount of Each Receipt this Period

45.69

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Millican, Kathryn, , ,

Mailing Address 1632 Lorraine Road

City  
RaleighState  
NCZip Code  
27607FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

771.13

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2016

Transaction ID : SA11Al.117118

Amount of Each Receipt this Period

45.69

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Millican, Kathryn, , ,

Mailing Address 1632 Lorraine Road

City  
RaleighState  
NCZip Code  
27607FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

816.82

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2016

Transaction ID : SA11Al.117227

Amount of Each Receipt this Period

45.69

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

137.07

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Millican, Kathryn, , ,**

Mailing Address 1632 Lorraine Road

City  
Raleigh

State  
NC

Zip Code  
27607

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

862.51

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2016

**Transaction ID : SA11AI.117334**

Amount of Each Receipt this Period

45.69

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Millican, Kathryn, , ,**

Mailing Address 1632 Lorraine Road

City  
Raleigh

State  
NC

Zip Code  
27607

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

908.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : SA11AI.117440**

Amount of Each Receipt this Period

45.69

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Morales-Burke, Barbara, , ,**

Mailing Address 5624 Bennetwood Ct

City  
Raleigh

State  
NC

Zip Code  
27612

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1393.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

**Transaction ID : SA11AI.116806**

Amount of Each Receipt this Period

100.20

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

191.58

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Morales-Burke, Barbara, , ,**

Mailing Address 5624 Bennetwood Ct

City  
Raleigh

State  
NC

Zip Code  
27612

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1493.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2016

**Transaction ID : SA11Al.116907**

Amount of Each Receipt this Period

100.20

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Morales-Burke, Barbara, , ,**

Mailing Address 5624 Bennetwood Ct

City  
Raleigh

State  
NC

Zip Code  
27612

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1593.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

**Transaction ID : SA11Al.117013**

Amount of Each Receipt this Period

100.20

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Morales-Burke, Barbara, , ,**

Mailing Address 5624 Bennetwood Ct

City  
Raleigh

State  
NC

Zip Code  
27612

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1693.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2016

**Transaction ID : SA11Al.117119**

Amount of Each Receipt this Period

100.20

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Morales-Burke, Barbara, , ,**

Mailing Address 5624 Bennetwood Ct

City  
Raleigh

State  
NC

Zip Code  
27612

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1794.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2016

**Transaction ID : SA11AI.117228**

Amount of Each Receipt this Period

100.20

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Morales-Burke, Barbara, , ,**

Mailing Address 5624 Bennetwood Ct

City  
Raleigh

State  
NC

Zip Code  
27612

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1894.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2016

**Transaction ID : SA11AI.117335**

Amount of Each Receipt this Period

100.20

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Morales-Burke, Barbara, , ,**

Mailing Address 5624 Bennetwood Ct

City  
Raleigh

State  
NC

Zip Code  
27612

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1994.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : SA11AI.117441**

Amount of Each Receipt this Period

100.20

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. OConnor, Maureen, , ,**

Mailing Address 104 Beeston Ct.

City  
Morrisville

State  
NC

Zip Code  
27560

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2692.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

**Transaction ID : SA11Al.116810**

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. OConnor, Maureen, , ,**

Mailing Address 104 Beeston Ct.

City  
Morrisville

State  
NC

Zip Code  
27560

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2016

**Transaction ID : SA11Al.116911**

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. OConnor, Maureen, , ,**

Mailing Address 104 Beeston Ct.

City  
Morrisville

State  
NC

Zip Code  
27560

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3076.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

**Transaction ID : SA11Al.117017**

Amount of Each Receipt this Period

192.30

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

576.90



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. OConnor, Maureen, , ,

Mailing Address 104 Beeston Ct.

City  
Morrisville

State  
NC

Zip Code  
27560

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2016

Transaction ID : SA11Al.117123

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OConnor, Maureen, , ,

Mailing Address 104 Beeston Ct.

City  
Morrisville

State  
NC

Zip Code  
27560

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2016

Transaction ID : SA11Al.117232

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OConnor, Maureen, , ,

Mailing Address 104 Beeston Ct.

City  
Morrisville

State  
NC

Zip Code  
27560

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3653.70

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2016

Transaction ID : SA11Al.117339

Amount of Each Receipt this Period

192.30

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

576.90

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. OConnor, Maureen, , ,**

Mailing Address 104 Beeston Ct.

City  
Morrisville

State  
NC

Zip Code  
27560

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : SA11Al.117445**

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Page, Troy, , ,**

Mailing Address 504 Robert Hunt Drive

City  
Carrboro

State  
NC

Zip Code  
27510

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

**Transaction ID : SA11Al.116811**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Page, Troy, , ,**

Mailing Address 504 Robert Hunt Drive

City  
Carrboro

State  
NC

Zip Code  
27510

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2016

**Transaction ID : SA11Al.116912**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

232.30

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 99 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Page, Troy, , ,**

Mailing Address 504 Robert Hunt Drive

City

Carrboro

State

NC

Zip Code

27510

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

**Transaction ID : SA11Al.117018**

Amount of Each Receipt this Period

20.00



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Page, Troy, , ,**

Mailing Address 504 Robert Hunt Drive

City

Carrboro

State

NC

Zip Code

27510

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2016

**Transaction ID : SA11Al.117124**

Amount of Each Receipt this Period

20.00



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Page, Troy, , ,**

Mailing Address 504 Robert Hunt Drive

City

Carrboro

State

NC

Zip Code

27510

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2016

**Transaction ID : SA11Al.117233**

Amount of Each Receipt this Period

20.00



Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 100 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Page, Troy, , ,**

Mailing Address 504 Robert Hunt Drive

City

Carrboro

State

NC

Zip Code

27510

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 16 / 2016

**Transaction ID : SA11Al.117340**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Page, Troy, , ,**

Mailing Address 504 Robert Hunt Drive

City

Carrboro

State

NC

Zip Code

27510

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : SA11Al.117446**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Palumbo, Fara, , ,**

Mailing Address 1000 Gloucester Ct

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

07 / 06 / 2016

**Transaction ID : SA11Al.116812**

Amount of Each Receipt this Period

150.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

190.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Palumbo, Fara, , ,**

Mailing Address 1000 Gloucester Ct

City  
Chapel Hill

State  
NC

Zip Code  
27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2016

**Transaction ID : SA11Al.116913**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Palumbo, Fara, , ,**

Mailing Address 1000 Gloucester Ct

City  
Chapel Hill

State  
NC

Zip Code  
27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

**Transaction ID : SA11Al.117019**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Palumbo, Fara, , ,**

Mailing Address 1000 Gloucester Ct

City  
Chapel Hill

State  
NC

Zip Code  
27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2016

**Transaction ID : SA11Al.117125**

Amount of Each Receipt this Period

150.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Palumbo, Fara, , ,**

Mailing Address 1000 Gloucester Ct

City  
Chapel Hill

State  
NC

Zip Code  
27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 02 / 2016

**Transaction ID : SA11Al.117234**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Palumbo, Fara, , ,**

Mailing Address 1000 Gloucester Ct

City  
Chapel Hill

State  
NC

Zip Code  
27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 16 / 2016

**Transaction ID : SA11Al.117341**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Palumbo, Fara, , ,**

Mailing Address 1000 Gloucester Ct

City  
Chapel Hill

State  
NC

Zip Code  
27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2016

**Transaction ID : SA11Al.117447**

Amount of Each Receipt this Period

150.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Parkerson, J., Michael,**

Mailing Address 7504 Clayshant Court

City  
Wake Forest

State  
NC

Zip Code  
27587

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1884.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

**Transaction ID : SA11AI.116813**

Amount of Each Receipt this Period

134.62

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Parkerson, J., Michael,**

Mailing Address 7504 Clayshant Court

City  
Wake Forest

State  
NC

Zip Code  
27587

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2019.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2016

**Transaction ID : SA11AI.116914**

Amount of Each Receipt this Period

134.62

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Parkerson, J., Michael,**

Mailing Address 7504 Clayshant Court

City  
Wake Forest

State  
NC

Zip Code  
27587

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2153.92

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

**Transaction ID : SA11AI.117020**

Amount of Each Receipt this Period

134.62

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

403.86

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Parkerson, J., Michael,**

Mailing Address 7504 Clayshant Court

City  
Wake Forest

State  
NC

Zip Code  
27587

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2288.54

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2016

**Transaction ID : SA11Al.117126**

Amount of Each Receipt this Period

134.62

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Parkerson, J., Michael,**

Mailing Address 7504 Clayshant Court

City  
Wake Forest

State  
NC

Zip Code  
27587

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2423.16

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2016

**Transaction ID : SA11Al.117235**

Amount of Each Receipt this Period

134.62

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Parkerson, J., Michael,**

Mailing Address 7504 Clayshant Court

City  
Wake Forest

State  
NC

Zip Code  
27587

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2557.78

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2016

**Transaction ID : SA11Al.117342**

Amount of Each Receipt this Period

134.62

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

403.86



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 OF 156

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Parkerson, J., Michael,**

Mailing Address 7504 Clayshant Court

City  
Wake Forest

State  
NC

Zip Code  
27587

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2692.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : SA11Al.117448**

Amount of Each Receipt this Period

134.62

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Patalano, Louis, , IV,**

Mailing Address 117 Bethabara Lane

City  
Cary

State  
NC

Zip Code  
27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1265.46

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

**Transaction ID : SA11Al.116814**

Amount of Each Receipt this Period

90.39

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Patalano, Louis, , IV,**

Mailing Address 117 Bethabara Lane

City  
Cary

State  
NC

Zip Code  
27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1355.85

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2016

**Transaction ID : SA11Al.116915**

Amount of Each Receipt this Period

90.39

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

315.40

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 106 OF 156

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Patalano, Louis, , IV,**

Mailing Address 117 Bethabara Lane

City  
Cary

State  
NC

Zip Code  
27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1446.24

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

**Transaction ID : SA11AI.117021**

Amount of Each Receipt this Period

90.39

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Patalano, Louis, , IV,**

Mailing Address 117 Bethabara Lane

City  
Cary

State  
NC

Zip Code  
27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1536.63

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2016

**Transaction ID : SA11AI.117127**

Amount of Each Receipt this Period

90.39

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Patalano, Louis, , IV,**

Mailing Address 117 Bethabara Lane

City  
Cary

State  
NC

Zip Code  
27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1627.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2016

**Transaction ID : SA11AI.117236**

Amount of Each Receipt this Period

90.39

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

271.17

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 107 OF 156

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Patalano, Louis, , IV,**

Mailing Address 117 Bethabara Lane

City  
Cary

State  
NC

Zip Code  
27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1717.41

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2016

**Transaction ID : SA11Al.117343**

Amount of Each Receipt this Period

90.39

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Patalano, Louis, , IV,**

Mailing Address 117 Bethabara Lane

City  
Cary

State  
NC

Zip Code  
27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1807.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : SA11Al.117449**

Amount of Each Receipt this Period

90.39

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Perry, Mitchell, , W,**

Mailing Address 1909 Rangecrest Rd

City  
Raleigh

State  
NC

Zip Code  
27612

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1784.65

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

**Transaction ID : SA11Al.116816**

Amount of Each Receipt this Period

128.85

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

309.63

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 OF 156  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Perry, Mitchell, , W,**

Mailing Address 1909 Rangecrest Rd

City  
Raleigh

State  
NC

Zip Code  
27612

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1913.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2016

**Transaction ID : SA11AI.116917**

Amount of Each Receipt this Period

128.85

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Perry, Mitchell, , W,**

Mailing Address 1909 Rangecrest Rd

City  
Raleigh

State  
NC

Zip Code  
27612

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2080.81

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

**Transaction ID : SA11AI.117023**

Amount of Each Receipt this Period

167.31

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Perry, Mitchell, , W,**

Mailing Address 1909 Rangecrest Rd

City  
Raleigh

State  
NC

Zip Code  
27612

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2684.65

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2016

**Transaction ID : SA11AI.117129**

Amount of Each Receipt this Period

603.84

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

900.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Perry, Mitchell, , W,**

Mailing Address 1909 Rangecrest Rd

City  
Raleigh

State  
NC

Zip Code  
27612

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2851.96

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2016

**Transaction ID : SA11Al.117238**

Amount of Each Receipt this Period

167.31

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Perry, Mitchell, , W,**

Mailing Address 1909 Rangecrest Rd

City  
Raleigh

State  
NC

Zip Code  
27612

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3019.27

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2016

**Transaction ID : SA11Al.117345**

Amount of Each Receipt this Period

167.31

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Perry, Mitchell, , W,**

Mailing Address 1909 Rangecrest Rd

City  
Raleigh

State  
NC

Zip Code  
27612

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3186.58

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : SA11Al.117451**

Amount of Each Receipt this Period

167.31

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

501.93

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

PAGE 110 OF 156

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Petkau, Gerald, , ,**

Mailing Address 402 Troycott Place

City  
Cary

State  
NC

Zip Code  
27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2692.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

**Transaction ID : SA11Al.116817**

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Petkau, Gerald, , ,**

Mailing Address 402 Troycott Place

City  
Cary

State  
NC

Zip Code  
27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2016

**Transaction ID : SA11Al.116918**

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Petkau, Gerald, , ,**

Mailing Address 402 Troycott Place

City  
Cary

State  
NC

Zip Code  
27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3076.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

**Transaction ID : SA11Al.117024**

Amount of Each Receipt this Period

192.30

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

576.90

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 OF 156

(check only one)

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Petkau, Gerald, , ,**

Mailing Address 402 Troycott Place

City  
Cary

State  
NC

Zip Code  
27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2016

**Transaction ID : SA11AI.117130**

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Petkau, Gerald, , ,**

Mailing Address 402 Troycott Place

City  
Cary

State  
NC

Zip Code  
27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2016

**Transaction ID : SA11AI.117239**

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Petkau, Gerald, , ,**

Mailing Address 402 Troycott Place

City  
Cary

State  
NC

Zip Code  
27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3653.70

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2016

**Transaction ID : SA11AI.117346**

Amount of Each Receipt this Period

192.30

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

576.90

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Petkau, Gerald, , ,**

Mailing Address 402 Troycott Place

City  
Cary

State  
NC

Zip Code  
27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : SA11AI.117452**

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Prather, Nathan, , K,**

Mailing Address 319 Montibello Drive

City  
Cary

State  
NC

Zip Code  
27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2180.92

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

**Transaction ID : SA11AI.116820**

Amount of Each Receipt this Period

155.78

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Prather, Nathan, , K,**

Mailing Address 319 Montibello Drive

City  
Cary

State  
NC

Zip Code  
27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2336.70

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2016

**Transaction ID : SA11AI.116921**

Amount of Each Receipt this Period

155.78

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

503.86



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Prather, Nathan, , K,**

Mailing Address 319 Montibello Drive

City  
Cary

State  
NC

Zip Code  
27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2492.48

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

**Transaction ID : SA11AI.117027**

Amount of Each Receipt this Period

155.78

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Prather, Nathan, , K,**

Mailing Address 319 Montibello Drive

City  
Cary

State  
NC

Zip Code  
27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2648.26

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2016

**Transaction ID : SA11AI.117133**

Amount of Each Receipt this Period

155.78

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Prather, Nathan, , K,**

Mailing Address 319 Montibello Drive

City  
Cary

State  
NC

Zip Code  
27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2804.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2016

**Transaction ID : SA11AI.117242**

Amount of Each Receipt this Period

155.78

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

467.34

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Prather, Nathan, , K,**

Mailing Address 319 Montibello Drive

City  
Cary

State  
NC

Zip Code  
27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2959.82

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2016

**Transaction ID : SA11AI.117349**

Amount of Each Receipt this Period

155.78

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Prather, Nathan, , K,**

Mailing Address 319 Montibello Drive

City  
Cary

State  
NC

Zip Code  
27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3115.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : SA11AI.117455**

Amount of Each Receipt this Period

155.78

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Raper, David, , W,**

Mailing Address 205 Swansboro Dr

City  
Cary

State  
NC

Zip Code  
27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Bus/Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

**Transaction ID : SA11AI.116822**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

341.56

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Raper, David, , W,**

Mailing Address 205 Swansboro Dr

City  
Cary

State  
NC

Zip Code  
27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Bus/Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2016

**Transaction ID : SA11AI.116923**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Raper, David, , W,**

Mailing Address 205 Swansboro Dr

City  
Cary

State  
NC

Zip Code  
27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Bus/Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

**Transaction ID : SA11AI.117029**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Raper, David, , W,**

Mailing Address 205 Swansboro Dr

City  
Cary

State  
NC

Zip Code  
27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Bus/Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2016

**Transaction ID : SA11AI.117135**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 116 OF 156

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Raper, David, , W,**

Mailing Address 205 Swansboro Dr

City  
CaryState  
NCZip Code  
27519FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Bus/Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
09	02	2016

**Transaction ID : SA11AI.117244**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Raper, David, , W,**

Mailing Address 205 Swansboro Dr

City  
CaryState  
NCZip Code  
27519FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Bus/Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
09	16	2016

**Transaction ID : SA11AI.117351**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Raper, David, , W,**

Mailing Address 205 Swansboro Dr

City  
CaryState  
NCZip Code  
27519FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Bus/Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
09	30	2016

**Transaction ID : SA11AI.117457**

Amount of Each Receipt this Period

30.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

90.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 OF 156

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Reeves, Paul, , ,**

Mailing Address 236 Coachlight Trail

City  
BurlingtonState  
NCZip Code  
27215FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

492.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2016

**Transaction ID : SA11Al.116823**

Amount of Each Receipt this Period

35.44

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Reeves, Paul, , ,**

Mailing Address 236 Coachlight Trail

City  
BurlingtonState  
NCZip Code  
27215FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

528.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2016

**Transaction ID : SA11Al.116924**

Amount of Each Receipt this Period

35.44

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Reeves, Paul, , ,**

Mailing Address 236 Coachlight Trail

City  
BurlingtonState  
NCZip Code  
27215FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

563.54

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2016

**Transaction ID : SA11Al.117030**

Amount of Each Receipt this Period

35.44

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

106.32

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Reeves, Paul, , ,**

Mailing Address 236 Coachlight Trail

City  
Burlington

State  
NC

Zip Code  
27215

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

598.98

Date of Receipt

08 / 19 / 2016

Transaction ID : SA11AI.117136

Amount of Each Receipt this Period

35.44

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Reeves, Paul, , ,**

Mailing Address 236 Coachlight Trail

City  
Burlington

State  
NC

Zip Code  
27215

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

634.42

Date of Receipt

09 / 02 / 2016

Transaction ID : SA11AI.117245

Amount of Each Receipt this Period

35.44

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Reeves, Paul, , ,**

Mailing Address 236 Coachlight Trail

City  
Burlington

State  
NC

Zip Code  
27215

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

669.86

Date of Receipt

09 / 16 / 2016

Transaction ID : SA11AI.117352

Amount of Each Receipt this Period

35.44

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

106.32

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Reeves, Paul, , ,**

Mailing Address 236 Coachlight Trail

City  
Burlington

State  
NC

Zip Code  
27215

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

705.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : SA11Al.117458**

Amount of Each Receipt this Period

35.44

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Robinson, Melissa, , ,**

Mailing Address 15 Willowspring Place

City  
Chapel Hill

State  
NC

Zip Code  
27517

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.96

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

**Transaction ID : SA11Al.116825**

Amount of Each Receipt this Period

36.14

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Robinson, Melissa, , ,**

Mailing Address 15 Willowspring Place

City  
Chapel Hill

State  
NC

Zip Code  
27517

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

542.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2016

**Transaction ID : SA11Al.116926**

Amount of Each Receipt this Period

36.14

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

107.72

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Robinson, Melissa, , ,**

Mailing Address 15 Willowspring Place

City  
Chapel Hill

State  
NC

Zip Code  
27517

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

578.24

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

**Transaction ID : SA11Al.117032**

Amount of Each Receipt this Period

36.14

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Robinson, Melissa, , ,**

Mailing Address 15 Willowspring Place

City  
Chapel Hill

State  
NC

Zip Code  
27517

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

614.38

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2016

**Transaction ID : SA11Al.117138**

Amount of Each Receipt this Period

36.14

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Robinson, Melissa, , ,**

Mailing Address 15 Willowspring Place

City  
Chapel Hill

State  
NC

Zip Code  
27517

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

650.52

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2016

**Transaction ID : SA11Al.117247**

Amount of Each Receipt this Period

36.14

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

108.42



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Robinson, Melissa, , ,**

Mailing Address 15 Willowspring Place

City  
Chapel Hill

State  
NC

Zip Code  
27517

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

686.66

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2016

**Transaction ID : SA11Al.117354**

Amount of Each Receipt this Period

36.14

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Robinson, Melissa, , ,**

Mailing Address 15 Willowspring Place

City  
Chapel Hill

State  
NC

Zip Code  
27517

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

722.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : SA11Al.117460**

Amount of Each Receipt this Period

36.14

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Roos, John, , Mr.,**

Mailing Address 119 Draymore Way

City  
Morrisville

State  
NC

Zip Code  
27560

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2692.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

**Transaction ID : SA11Al.116826**

Amount of Each Receipt this Period

192.30

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

264.58

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Roos, John, , Mr.,**

Mailing Address 119 Draymore Way

City  
Morrisville

State  
NC

Zip Code  
27560

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2016

**Transaction ID : SA11AI.116927**

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Roos, John, , Mr.,**

Mailing Address 119 Draymore Way

City  
Morrisville

State  
NC

Zip Code  
27560

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3076.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

**Transaction ID : SA11AI.117033**

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Roos, John, , Mr.,**

Mailing Address 119 Draymore Way

City  
Morrisville

State  
NC

Zip Code  
27560

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3269.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2016

**Transaction ID : SA11AI.117139**

Amount of Each Receipt this Period

192.30

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

576.90

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Roos, John, , Mr.,**

Mailing Address 119 Draymore Way

City  
Morrisville

State  
NC

Zip Code  
27560

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2016

**Transaction ID : SA11AI.117248**

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Roos, John, , Mr.,**

Mailing Address 119 Draymore Way

City  
Morrisville

State  
NC

Zip Code  
27560

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3653.70

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2016

**Transaction ID : SA11AI.117355**

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Roos, John, , Mr.,**

Mailing Address 119 Draymore Way

City  
Morrisville

State  
NC

Zip Code  
27560

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : SA11AI.117461**

Amount of Each Receipt this Period

192.30

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

576.90

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rowland, Tarsha, , V,**

Mailing Address 5021 Robinwood Rd

City  
Durham

State  
NC

Zip Code  
27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1078.15

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

**Transaction ID : SA11Al.116827**

Amount of Each Receipt this Period

77.70

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rowland, Tarsha, , V,**

Mailing Address 5021 Robinwood Rd

City  
Durham

State  
NC

Zip Code  
27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1155.85

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2016

**Transaction ID : SA11Al.116928**

Amount of Each Receipt this Period

77.70

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rowland, Tarsha, , V,**

Mailing Address 5021 Robinwood Rd

City  
Durham

State  
NC

Zip Code  
27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1233.55

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

**Transaction ID : SA11Al.117034**

Amount of Each Receipt this Period

77.70

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

233.10

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rowland, Tarsha, , V,**

Mailing Address 5021 Robinwood Rd

City  
Durham

State  
NC

Zip Code  
27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1311.25

Date of Receipt

MM / DD / YYYY  
08 / 19 / 2016

**Transaction ID : SA11Al.117140**

Amount of Each Receipt this Period

77.70

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rowland, Tarsha, , V,**

Mailing Address 5021 Robinwood Rd

City  
Durham

State  
NC

Zip Code  
27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1388.95

Date of Receipt

MM / DD / YYYY  
09 / 02 / 2016

**Transaction ID : SA11Al.117249**

Amount of Each Receipt this Period

77.70

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rowland, Tarsha, , V,**

Mailing Address 5021 Robinwood Rd

City  
Durham

State  
NC

Zip Code  
27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1466.65

Date of Receipt

MM / DD / YYYY  
09 / 16 / 2016

**Transaction ID : SA11Al.117356**

Amount of Each Receipt this Period

77.70

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

233.10

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 126 OF 156  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rowland, Tarsha, , V,**

Mailing Address 5021 Robinwood Rd

City  
DurhamState  
NCZip Code  
27713FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1544.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : SA11Al.117462**

Amount of Each Receipt this Period

77.70

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Schwartz, Bryan, M, , ,**

Mailing Address 7 Hidden Ridge Ct

City  
DurhamState  
NCZip Code  
27707FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
public policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2016

**Transaction ID : SA11Al.116931**

Amount of Each Receipt this Period

14.01

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Schwartz, Bryan, M, , ,**

Mailing Address 7 Hidden Ridge Ct

City  
DurhamState  
NCZip Code  
27707FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
public policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

221.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

**Transaction ID : SA11Al.117037**

Amount of Each Receipt this Period

14.01

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

105.72

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Schwartz, Bryan, M, , ,

Mailing Address 7 Hidden Ridge Ct

City  
DurhamState  
NCZip Code  
27707FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
public policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.47

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 19 / 2016

Transaction ID : SA11Al.117143

Amount of Each Receipt this Period

14.01

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Schwartz, Bryan, M, , ,

Mailing Address 7 Hidden Ridge Ct

City  
DurhamState  
NCZip Code  
27707FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
public policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2016

Transaction ID : SA11Al.117252

Amount of Each Receipt this Period

14.01

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Schwartz, Bryan, M, , ,

Mailing Address 7 Hidden Ridge Ct

City  
DurhamState  
NCZip Code  
27707FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
public policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

263.49

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 16 / 2016

Transaction ID : SA11Al.117359

Amount of Each Receipt this Period

14.01

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

42.03

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Schwartz, Bryan, M, , ,

Mailing Address 7 Hidden Ridge Ct

City  
DurhamState  
NCZip Code  
27707FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
public policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : SA11Al.117465

Amount of Each Receipt this Period

14.01

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sims, Maticia, , ,

Mailing Address 8 Sandhills Lane

City  
DurhamState  
NCZip Code  
27713FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1208.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 06 / 2016

Transaction ID : SA11Al.116832

Amount of Each Receipt this Period

86.35

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sims, Maticia, , ,

Mailing Address 8 Sandhills Lane

City  
DurhamState  
NCZip Code  
27713FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1295.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 22 / 2016

Transaction ID : SA11Al.116933

Amount of Each Receipt this Period

86.35

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

186.71

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sims, Maticia, , ,**

Mailing Address 8 Sandhills Lane

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

VP

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1381.60

Date of Receipt

08 / 05 / 2016

**Transaction ID : SA11AI.117039**

Amount of Each Receipt this Period

86.35

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sims, Maticia, , ,**

Mailing Address 8 Sandhills Lane

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

VP

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1581.60

Date of Receipt

08 / 19 / 2016

**Transaction ID : SA11AI.117145**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sims, Maticia, , ,**

Mailing Address 8 Sandhills Lane

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

VP

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

1681.60

Date of Receipt

09 / 02 / 2016

**Transaction ID : SA11AI.117254**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶

**TOTAL** This Period (last page this line number only).....▶

386.35

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sims, Maticia, , ,**

Mailing Address 8 Sandhills Lane

City  
Durham

State  
NC

Zip Code  
27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1781.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2016

**Transaction ID : SA11AI.117361**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sims, Maticia, , ,**

Mailing Address 8 Sandhills Lane

City  
Durham

State  
NC

Zip Code  
27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1881.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : SA11AI.117467**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sinsangkeo, Pariyast, , J,**

Mailing Address 1614 Morehead Rd

City  
Chapel Hill

State  
NC

Zip Code  
27517

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

**Transaction ID : SA11AI.116833**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

250.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sinsangkeo, Pariyast, , J,**

Mailing Address 1614 Morehead Rd

City  
Chapel Hill

State  
NC

Zip Code  
27517

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2016

**Transaction ID : SA11Al.116934**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sinsangkeo, Pariyast, , J,**

Mailing Address 1614 Morehead Rd

City  
Chapel Hill

State  
NC

Zip Code  
27517

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

**Transaction ID : SA11Al.117040**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sinsangkeo, Pariyast, , J,**

Mailing Address 1614 Morehead Rd

City  
Chapel Hill

State  
NC

Zip Code  
27517

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2016

**Transaction ID : SA11Al.117146**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sinsangkeo, Pariyast, , J,**

Mailing Address 1614 Morehead Rd

City  
Chapel Hill

State  
NC

Zip Code  
27517

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2016

**Transaction ID : SA11Al.117255**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sinsangkeo, Pariyast, , J,**

Mailing Address 1614 Morehead Rd

City  
Chapel Hill

State  
NC

Zip Code  
27517

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2016

**Transaction ID : SA11Al.117362**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sinsangkeo, Pariyast, , J,**

Mailing Address 1614 Morehead Rd

City  
Chapel Hill

State  
NC

Zip Code  
27517

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : SA11Al.117468**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

150.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Smith, John, , R,

Mailing Address 8320 Shiloh Creek Court

City  
RaleighState  
NCZip Code  
27616FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

Transaction ID : SA11AI.116834

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Smith, John, , R,

Mailing Address 8320 Shiloh Creek Court

City  
RaleighState  
NCZip Code  
27616FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2016

Transaction ID : SA11AI.116935

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Smith, John, , R,

Mailing Address 8320 Shiloh Creek Court

City  
RaleighState  
NCZip Code  
27616FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNCOccupation (for Individual)  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

Transaction ID : SA11AI.117041

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

70.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, John, , R,**

Mailing Address 8320 Shiloh Creek Court

City  
Raleigh

State  
NC

Zip Code  
27616

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2016

**Transaction ID : SA11AI.117147**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, John, , R,**

Mailing Address 8320 Shiloh Creek Court

City  
Raleigh

State  
NC

Zip Code  
27616

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2016

**Transaction ID : SA11AI.117256**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, John, , R,**

Mailing Address 8320 Shiloh Creek Court

City  
Raleigh

State  
NC

Zip Code  
27616

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2016

**Transaction ID : SA11AI.117363**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, John, , R,**

Mailing Address 8320 Shiloh Creek Court

City  
Raleigh

State  
NC

Zip Code  
27616

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : SA11Al.117469**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, William, , ,**

Mailing Address 303 Lynden Valley Court

City  
Cary

State  
NC

Zip Code  
27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

**Transaction ID : SA11Al.116835**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, William, , ,**

Mailing Address 303 Lynden Valley Court

City  
Cary

State  
NC

Zip Code  
27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2016

**Transaction ID : SA11Al.116936**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

70.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, William, , ,**

Mailing Address 303 Lynden Valley Court

City  
Cary

State  
NC

Zip Code  
27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

**Transaction ID : SA11Al.117042**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, William, , ,**

Mailing Address 303 Lynden Valley Court

City  
Cary

State  
NC

Zip Code  
27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2016

**Transaction ID : SA11Al.117148**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, William, , ,**

Mailing Address 303 Lynden Valley Court

City  
Cary

State  
NC

Zip Code  
27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2016

**Transaction ID : SA11Al.117257**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, William, , ,**

Mailing Address 303 Lynden Valley Court

City  
Cary

State  
NC

Zip Code  
27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2016

**Transaction ID : SA11Al.117364**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, William, , ,**

Mailing Address 303 Lynden Valley Court

City  
Cary

State  
NC

Zip Code  
27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : SA11Al.117470**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Werner, Mark, , E,**

Mailing Address 202 Witheridge Ct.

City  
apex

State  
NC

Zip Code  
27502

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1053.27

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

**Transaction ID : SA11Al.116843**

Amount of Each Receipt this Period

72.12

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

112.12

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Werner, Mark, , E,**

Mailing Address 202 Witheridge Ct.

City  
apex

State  
NC

Zip Code  
27502

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.39

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2016

**Transaction ID : SA11Al.116944**

Amount of Each Receipt this Period

72.12

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Werner, Mark, , E,**

Mailing Address 202 Witheridge Ct.

City  
apex

State  
NC

Zip Code  
27502

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1197.51

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

**Transaction ID : SA11Al.117050**

Amount of Each Receipt this Period

72.12

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Werner, Mark, , E,**

Mailing Address 202 Witheridge Ct.

City  
apex

State  
NC

Zip Code  
27502

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1269.63

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2016

**Transaction ID : SA11Al.117156**

Amount of Each Receipt this Period

72.12

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

216.36

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Werner, Mark, , E,**

Mailing Address 202 Witheridge Ct.

City  
apex

State  
NC

Zip Code  
27502

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1341.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2016

**Transaction ID : SA11AI.117265**

Amount of Each Receipt this Period

72.12

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Werner, Mark, , E,**

Mailing Address 202 Witheridge Ct.

City  
apex

State  
NC

Zip Code  
27502

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1413.87

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2016

**Transaction ID : SA11AI.117372**

Amount of Each Receipt this Period

72.12

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Werner, Mark, , E,**

Mailing Address 202 Witheridge Ct.

City  
apex

State  
NC

Zip Code  
27502

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1485.99

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : SA11AI.117477**

Amount of Each Receipt this Period

72.12

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

216.36

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wilson, James, , Mr.,**

Mailing Address 227 Midenhall Way

City  
Cary

State  
NC

Zip Code  
27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2692.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

**Transaction ID : SA11AI.116844**

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wilson, James, , Mr.,**

Mailing Address 227 Midenhall Way

City  
Cary

State  
NC

Zip Code  
27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2016

**Transaction ID : SA11AI.116945**

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wilson, James, , Mr.,**

Mailing Address 227 Midenhall Way

City  
Cary

State  
NC

Zip Code  
27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3076.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

**Transaction ID : SA11AI.117051**

Amount of Each Receipt this Period

192.30

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

576.90

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wilson, James, , Mr.,**

Mailing Address 227 Midenhall Way

City  
Cary

State  
NC

Zip Code  
27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.10

Date of Receipt

08 / 19 / 2016

**Transaction ID : SA11AI.117157**

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wilson, James, , Mr.,**

Mailing Address 227 Midenhall Way

City  
Cary

State  
NC

Zip Code  
27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

09 / 02 / 2016

**Transaction ID : SA11AI.117266**

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wilson, James, , Mr.,**

Mailing Address 227 Midenhall Way

City  
Cary

State  
NC

Zip Code  
27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSNC

Occupation (for Individual)

SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3653.70

Date of Receipt

09 / 16 / 2016

**Transaction ID : SA11AI.117373**

Amount of Each Receipt this Period

192.30

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

576.90

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wilson, James, , Mr.,**

Mailing Address 227 Midenhall Way

City  
Cary

State  
NC

Zip Code  
27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : SA11AI.117478**

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

192.30

32576.05

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 143 OF 156

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

Full Name (Last, First, Middle Initial)

A. Barringer, Tamara, , ,

Mailing Address PO Box 97275

City  
raleighState  
NCZip Code  
27624Purpose of Disbursement  
contribution

Candidate Name

Barringer, Tamara, , ,

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2016

FEC Identification Number

C

Transaction ID : SB29.117489

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bell, John, , ,

Mailing Address 501 Holland Hill Dr

City  
GoldsboroState  
NCZip Code  
27530Purpose of Disbursement  
contribution

Candidate Name

Bell, John, , ,

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2016

FEC Identification Number

C

Transaction ID : SB29.116737

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Blackwell, Hugh, , ,

Mailing Address 321 Mountain View Ave

City  
ValdeseState  
NCZip Code  
28690Purpose of Disbursement  
contribution

Candidate Name

Blackwell, Hugh, , ,

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2016

FEC Identification Number

C

Transaction ID : SB29.116715

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

5000.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 144 OF 156

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Blue, Daniel, , Rep., Jr.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2016

Mailing Address P.O. Box 1730

City  
RaleighState  
NCZip Code  
27602Purpose of Disbursement  
contribution

Candidate Name

**Blue, Daniel, , Rep., Jr.**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 5100

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

FEC Identification Number

**C****Transaction ID : SB29.117493**

Amount of Each Disbursement this Period

5100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Blust, John, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2016

Mailing Address 1515 New Garden Road  
1-CCity  
GreensboroState  
NCZip Code  
27410Purpose of Disbursement  
Contribution

Candidate Name

**Blust, John, , ,**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

FEC Identification Number

**C****Transaction ID : SB29.116716**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Brown, Harry, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2016

Mailing Address 2223 N Marine Blvd

City  
JacksonvilleState  
NCZip Code  
28546Purpose of Disbursement  
contribution

Candidate Name

**Brown, Harry, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC

District: 06

Category/  
Type

FEC Identification Number

**C****Transaction ID : SB29.117494**

Amount of Each Disbursement this Period

3100.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

9200.00

**TOTAL** This Period (last page this line number only).....▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 145 OF 156

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bumgardner, Dana, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2016

Mailing Address 3517 Lincoln Lane

City  
GastoniaState  
NCZip Code  
28056Purpose of Disbursement  
Contribution

Candidate Name

**Bumgardner, Dana, , ,**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

FEC Identification Number

**C****Transaction ID : SB29.116717**

Amount of Each Disbursement this Period

5100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Burr, Justin, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2016

Mailing Address 125 South Third St

City  
AlbemarleState  
NCZip Code  
28001Purpose of Disbursement  
Contribution

Candidate Name

**Burr, Justin, , ,**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

FEC Identification Number

**C****Transaction ID : SB29.116718**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Collins, Jeff, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2016

Mailing Address 1109 Culpepper Drive

City  
Rocky MountState  
NCZip Code  
27803Purpose of Disbursement  
Contribution

Candidate Name

**Collins, Jeff, , ,**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

FEC Identification Number

**C****Transaction ID : SB29.116719**

Amount of Each Disbursement this Period

5100.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

10700.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 146 OF 156

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Cooper, Roy, , Sen.,**

Mailing Address P.O. Box 4538

City  
Rocky MountState  
NCZip Code  
27803Purpose of Disbursement  
Contribution

Candidate Name

Cooper, Roy, , Sen.,

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2016

FEC Identification Number

C

Transaction ID : SB29.116741

Amount of Each Disbursement this Period

5100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Elmore, Jeffrey, , ,**

Mailing Address PO Box 522

City  
North WilkesboroState  
NCZip Code  
28659Purpose of Disbursement  
Contributiun

Candidate Name

Elmore, Jeffrey, , ,

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State: NC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2016

FEC Identification Number

C

Transaction ID : SB29.116720

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Gill, Rosa, , ,**

Mailing Address 2408 Foxtrot Rd

City  
RaleighState  
NCZip Code  
27610Purpose of Disbursement  
contribution

Candidate Name

Gill, Rosa, , ,

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2016

FEC Identification Number

C

Transaction ID : SB29.116721

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

7100.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 147 OF 156

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Hall, Kyle, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2016

Mailing Address P.O. Box 2024

City  
KingState  
NCZip Code  
27021Purpose of Disbursement  
Contribution

Candidate Name

**Hall, Kyle, , ,**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

FEC Identification Number

**C****Transaction ID : SB29.117484**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Hall, Larry, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2016

Mailing Address PO Box 25308

City  
DurhamState  
NCZip Code  
27702Purpose of Disbursement  
Contribution

Candidate Name

**Hall, Larry, , ,**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

FEC Identification Number

**C****Transaction ID : SB29.116722**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Hamilton, Susi, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2016

Mailing Address 206 Nun St

City  
WilmingtonState  
NCZip Code  
28401Purpose of Disbursement  
contribution

Candidate Name

**Hamilton, Susi, , ,**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

FEC Identification Number

**C****Transaction ID : SB29.116723**

Amount of Each Disbursement this Period

5100.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8600.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 148 OF 156

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Harrington, Kathy, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2016

Mailing Address 3324 Lincoln Lane

City  
GastoniaState  
NCZip Code  
28056Purpose of Disbursement  
contribution

Candidate Name

**Harrington, Kathy, , ,**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

FEC Identification Number

**C****Transaction ID : SB29.117495**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Hise, Ralph, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2016

Mailing Address 44 Hemlock Ave

City  
Spruce PineState  
NCZip Code  
28777Purpose of Disbursement  
contribution

Candidate Name

**Hise, Ralph, , ,**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

FEC Identification Number

**C****Transaction ID : SB29.116734**

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Holley, Yvonne, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2016

Mailing Address 1505 Tierney Cir

City  
RaleighState  
NCZip Code  
27610Purpose of Disbursement  
contribution

Candidate Name

**Holley, Yvonne, , ,**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC

District:

Category/  
Type

FEC Identification Number

**C****Transaction ID : SB29.116724**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

6000.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 149 OF 156

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Howard, Julia, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2016

Mailing Address 203 Magnolia Avenue

City  
MocksvilleState  
NCZip Code  
27028Purpose of Disbursement  
Contribution

Candidate Name

**Howard, Julia, , ,**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

FEC Identification Number

**C****Transaction ID : SB29.116725**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Hunter, Meredith, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

Mailing Address 317 N. Main St

City  
WarrentonState  
NCZip Code  
27589Purpose of Disbursement  
Refund of PAC deduction

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

FEC Identification Number

**C****Transaction ID : SB29.117052**

Amount of Each Disbursement this Period

237.29

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Insko, Verla, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2016

Mailing Address 610 Surry Rd

City  
Chapel HillState  
NCZip Code  
27514Purpose of Disbursement  
Contribution

Candidate Name

**Insko, Verla, , ,**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

FEC Identification Number

**C****Transaction ID : SB29.116726**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2237.29

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 150 OF 156

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jackson, Brent, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2016

Mailing Address 2924 Ernest Williams Rd

City  
AutryvilleState  
NCZip Code  
28318Purpose of Disbursement  
Contribution

Candidate Name

**Jackson, Brent, , ,**Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

FEC Identification Number

**C****Transaction ID : SB29.116735**

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Jordan, Jonathan, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2016

Mailing Address PO Box 744

City  
JeffersonState  
NCZip Code  
28640Purpose of Disbursement  
Contribution

Candidate Name

**Jordan, Jonathan, , ,**Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

FEC Identification Number

**C****Transaction ID : SB29.116727**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Lee, Michael, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2016

Mailing Address 1929 Knollwood Rd

City  
WilmingtonState  
NCZip Code  
28403Purpose of Disbursement  
contribution

Candidate Name

**Lee, Michael, , ,**Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

FEC Identification Number

**C****Transaction ID : SB29.116709**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. McCrory, Pat, , ,**

Mailing Address

City

State

Zip Code

Purpose of Disbursement  
contribution

Candidate Name

**McCrory, Pat, , ,**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	5			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB29.116740**

Amount of Each Disbursement this Period

5100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. McKissick, Floyd, , ,**

Mailing Address PO Box 51608

City

Durham

State

NC

Zip Code

27717

Purpose of Disbursement  
Contribution

Candidate Name

**McKissick, Floyd, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	5			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB29.116710**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Meredith, Wesley, , ,**

Mailing Address P.O. Box 26210

City

Fayetteville

State

NC

Zip Code

28314

Purpose of Disbursement  
Contribution

Candidate Name

**Meredith, Wesley, , ,**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	5			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB29.116711**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

8600.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Meyer, Graig, , ,**

Mailing Address P.O. Box 867

City  
HillsboroughState  
NCZip Code  
27278Purpose of Disbursement  
Contribution

Candidate Name

Meyer, Graig, , ,

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2016

FEC Identification Number

C

Transaction ID : SB29.116728

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Michaux, H.M. (Mickey), , Rep.,**

Mailing Address 1722 Alfred Street

City  
DurhamState  
NCZip Code  
27713Purpose of Disbursement  
Contribution

Candidate Name

Michaux, H.M. (Mickey), , Rep.,

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2016

FEC Identification Number

C

Transaction ID : SB29.116729

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Millis, Chris, , ,**

Mailing Address PO Box 878

City  
HampsteadState  
NCZip Code  
28443Purpose of Disbursement  
contribution

Candidate Name

Millis, Chris, , ,

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2016

FEC Identification Number

C

Transaction ID : SB29.116738

Amount of Each Disbursement this Period

4000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 153 OF 156

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Pate, Louis, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2016

Mailing Address 102 Meredith St

City  
Mt. OliveState  
NCZip Code  
28365Purpose of Disbursement  
Contribution

Candidate Name

**Pate, Louis, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC

District: 11

Category/  
Type

FEC Identification Number

**C****Transaction ID : SB29.116712**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Pendleton, Gary, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2016

Mailing Address 2908 Lake Boone Pl

City  
RaleighState  
NCZip Code  
27608Purpose of Disbursement  
Contribution

Candidate Name

**Pendleton, Gary, , ,**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

FEC Identification Number

**C****Transaction ID : SB29.116730**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Rabon, Bill, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2016

Mailing Address 404 BrunswickSt

City  
SouthportState  
NCZip Code  
28461Purpose of Disbursement  
contribution

Candidate Name

**Rabon, Bill, , ,**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

FEC Identification Number

**C****Transaction ID : SB29.116713**

Amount of Each Disbursement this Period

5100.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8600.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 154 OF 156

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Saine, Jason, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2016

Mailing Address 7465 Bluff Point Lane

City  
DenverState  
NCZip Code  
28037Purpose of Disbursement  
Contribution

Candidate Name

**Saine, Jason, , ,**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

FEC Identification Number

**C****Transaction ID : SB29.116731**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Sanderson, Norman, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2016

Mailing Address 269 Bennett Rd 4

City  
Minnesott BeachState  
NCZip Code  
28510Purpose of Disbursement  
contribution

Candidate Name

**Sanderson, Norman, , ,**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC

District:

Category/  
Type

FEC Identification Number

**C****Transaction ID : SB29.116714**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Stevens, Sarah, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2016

Mailing Address 2161 Margaret Dr

City  
Mount AiryState  
NCZip Code  
27030Purpose of Disbursement  
Contribution

Candidate Name

**Stevens, Sarah, , ,**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 1000

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

FEC Identification Number

**C****Transaction ID : SB29.116732**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 155 OF 156

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Stone, Scott, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2016

Mailing Address P.O. Box 79331

City  
CharlotteState  
NCZip Code  
28271Purpose of Disbursement  
contribution

Candidate Name

**Stone, Scott, , ,**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

FEC Identification Number

**C****Transaction ID : SB29.117487**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Szoka, John, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2016

Mailing Address 6922 Surrey Rd

City  
FayettevilleState  
NCZip Code  
28306Purpose of Disbursement  
contribution

Candidate Name

**Szoka, John, , ,**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

FEC Identification Number

**C****Transaction ID : SB29.116739**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Tucker, Tommy, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2016

Mailing Address 1206 Rosehill De

City  
WaxhawState  
NCZip Code  
28173Purpose of Disbursement  
contribution

Candidate Name

**Tucker, Tommy, , ,**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

FEC Identification Number

**C****Transaction ID : SB29.116736**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Yarborough, Larry, , ,**

Mailing Address 87 Duck Pointe Dr.

City  
RoxboroState  
NCZip Code  
27574Purpose of Disbursement  
Contribution

Candidate Name

Yarborough, Larry, , ,

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2016

FEC Identification Number

C

Transaction ID : SB29.116733

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00

86537.29